

DELACARE

Regulations for Youth Camps



State of Delaware
Department of Education
Office of Child Care Licensing

Final August 2021

Table of Contents

Notice of Promulgation	1
Foreword	2
Introduction.....	3
1. Legal Base	3
2. Purpose.....	3
Part I General Provisions	3
3. Definition of Terms	3
4. Definition of Regulated Service.....	6
5. Authority to Inspect	7
6. License Requirements	7
Part II Licensing Process and Procedures.....	8
7. Procedures for Licensure.....	8
8. Regulation Variance.....	10
9. Complaints	10
10. Enforcement Actions.....	11
Part III Administration and Organization	14
11. Notification to OCCL	14
12. Governing Body	15
13. Insurance Coverage.....	15
14. Telephones	15
15. Child Abuse and Neglect Reporting Requirements	15
16. Positive Behavior Management	16
17. Food Service Policy	17
18. Meals and Snacks.....	18
19. Emergency Planning	19
20. Smoking and Vaping	20
21. Camp Policies-Parent/Guardian Handbook	20

22. General Qualifications.....	21
23. Adult Health Requirements	22
24. Orientation	23
25. First Aid and CPR Training	23
26. Personnel Files	24
27. Staffing and Qualifications	24
28. Volunteers.....	25
29. Ratios, Group Size, and Supervision.....	25
30. Staff Attendance	26
31. Staff Communication.....	26
32. Parent's Right to Know	26
33. Child Health Appraisal	27
34. Child Files	27
35. Child Attendance.....	28
36. Health Observation	28
37. Child Health Exclusions	28
38. Administration of Medication.....	30
39. Child Accident and Injury	33
Part IV Physical Environment and Safety	34
40. Hazardous Materials, Maintenance Supplies, and Garbage.....	34
41. Equipment.....	35
42. Indoor Area	36
43. Kitchen and Food Preparation	37
44. Water	38
45. Toilet Facilities	38
46. Soiled Clothing.....	39
47. Sanitation	39

48. Hand Washing	40
49. First Aid Kits	40
50. Standard Precautions	41
51. Outdoor Area	41
52. Swimming Pools and Natural Swimming and Diving Areas	43
53. Campfires.....	43
54. Optional Specialized Activities	44
55. Riding Toys	46
56. Pets and Domestic Animals	46
57. Stable Sanitation.....	47
58. Transportation	47
59. Field Trips	48
Part V Overnight Requirements	48
60. Sleeping Accommodations	48
61. Bathing and Hand-Washing Facilities	49
 APPENDICES	
I. Youth Camp License Application	52
II. Variance Request	56
III. Child Meal	58
IV. Immunizations Birth - 6	60
V. Immunization 7-18 years	62
VI. Administration of Medication Self-Training Guide.....	64

NOTICE OF PROMULGATION

The Department of Education's Office of Child Care Licensing adopts and promulgates the following regulations for youth camps as authorized in 14 **Delaware Code**, §§3001A-3005A also known as "The Delaware Child Care Act." On August 12, 2021, these regulations shall take effect.

FOREWORD

The Office of Child Care Licensing (OCCL) is authorized in 14 **Delaware Code**, §§3001A-3005A, also known as “The Delaware Child Care Act” to “prescribe reasonable standards” and license facilities offering child care. Child Care is defined as, “Any person, association, agency or organization which: 1. Has in custody or control one child or more under the age of 18 years, unattended by parent or guardian, for the purpose of providing such child or children with care, education, protection, supervision or guidance; 2. Is compensated for their services; and 3. Advertises or holds himself, herself or itself out as conducting such child care...” The purpose of the law is to protect the health, safety, and well-being of the children who receive care in out-of-home settings.

Since 1987 in the State of Delaware, youth camps, also known as day camps or recreation camps, are able to operate by applying and receiving a permit from the Division of Public Health (DPH). This permit process involved receiving a license exemption letter from OCCL, an inspection by DPH before the camp opened, background checks for known staff members, and no other oversight unless a concern was reported.

The Child Care Development Block Grant requires a child care facility to be licensed in order to receive Purchase of Care (POC) subsidies for children whose families qualify for this subsidy. Therefore, any youth camp that accepts POC will be required to follow these regulations, obtain a license, and have additional oversight provided by OCCL. Youth camps that do not accept POC are not required to be licensed.

These Youth Camp regulations were originally drafted by reviewing federal requirements, licensing and public health regulations from other states, and current research in health, safety, and nutrition, applicable to youth camps. In addition to participation by OCCL staff, OCCL formed a task force consisting of providers and state agency partners to solicit suggestions, feedback, and comments. The participation of the following persons is acknowledged and appreciated.

Participation by center administrators, center owners, and summer camp operators included:

Kimura Anderson	Amanda Connor	Amanda Grube	Maggie Robinson
Crystal Applewhaite	Linda Clark	Connie Horsey	Tina Rydgen
Patricia Belle Scruggs	Kellie Cruz	April Johnson	Cora Scott
Georganne Buccine	Mona Duwell	LaDayne Johnson	Kristina Woznicki
Wanda Burgos-Rincon	Holly Griest	Sheri Mark	

State agency participants included:

Jae Kim, Delaware Division of Public Health
R. T. Leicht, State Fire Marshal's Office
Eboni Anderson, Jacqueline Bensel, Belvie Herbert, Catina McCray, Darlene Merrell,
and Tiyana Prince, Purchase of Care Program
Aimee Beam, Child and Adult Care Food Program

The proposed regulations were also reviewed by The Policy Equity Group to ensure the regulations were inclusive for all children.

INTRODUCTION

1. Legal Base

The legal base for these licensing regulations is in 14 **Del.C.** §§3001A-3005A.

2. Purpose

The purpose of these regulations is to protect and support the health, safety, and well-being of children who receive care in youth camps. These regulations establish minimum standards that licensed youth camps are required to follow.

PART I GENERAL PROVISIONS

3. Definition of Terms

The following words and terms when used in these regulations have the following meaning unless the context clearly indicates otherwise:

“Administration of medication certificate” means a document issued by OCCL that gives permission for a staff member to administer medication to children in care.

“Adult” means a staff person or volunteer who is at least 18 years old.

“Agreement of Understanding” means a document that is part of a corrective action plan or used when necessary to ensure regulation compliance. This document contains requirements the licensee must follow to maintain licensure.

“Applicant” means the individual or entity, such as a company, corporation, business, school district, or agency, seeking a license to operate a youth camp.

“Business day” means a weekday Monday through Friday not including State of Delaware legal holidays.

“Camp counselor” means a staff member who performs direct child care duties. This person works under the supervision of the camp director. This person implements the daily activities for a group of children.

“Camp director” means a staff member with direct responsibility for the youth camp’s total program including health matters, food, staff supervision, the administration of program operations, recreation, and transportation. This person supervises all staff members and volunteers, may perform direct child care duties, and meets the qualifications listed in these regulations.

“Child” means a person who has not reached the age of 18 years.

“Child abuse” means to cause or inflict sexual abuse on a child; or an act by a person that has care, custody, or control of a child that causes or inflicts physical injury

through unjustified force, emotional abuse, torture, exploitation, maltreatment, or mistreatment as defined in 10 **Del.C.** §901.

“Child neglect” means the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary education as required by law; nutrition; or medical, surgical or any other care necessary for the child’s well-being as defined in 10 **Del.C.** §901.

“Child with disabilities” means a child diagnosed by a qualified professional as having a physical, intellectual, emotional, or developmental disability, or chronic medical condition.

“Complaint investigation” means the process followed by OCCL to investigate accusations that a licensee is not complying with these regulations or applicable laws.

“Comprehensive background check” means a State of Delaware and federal (national) fingerprinted report of a person’s entire criminal history including a search of the National Crime Information Center’s National Sex Offender Registry; and a search of state criminal, sex offender, and child abuse and neglect registries, repositories, or databases in the state where the person resides, and in each state in which the person resided during the past five years.

“Conference” means a meeting between OCCL and a licensee to discuss serious non-compliance as defined in these regulations or to discuss the denial of a variance request.

“Corrective action plan” means a document listing non-compliance that a licensee must correct, how to correct it, and the date OCCL requires the corrections to be completed. This document serves as written notice of non-compliance with these regulations.

“Denial” means the process of refusing to grant a license after OCCL receives an application. This constitutes refusal of permission to operate.

“Department” means the Delaware Department of Education.

“Designated representative” means the person assigned by the applicant, licensee, organization, corporation, entity, LLC, school district, or State agency to act on the applicant, licensee, organization, corporation, entity, LLC, school district, or State agency’s behalf. The applicant or licensee granted this person authority over program operations and to represent the licensee, organization, corporation, entity, LLC, school district, or State agency in dealings with OCCL. This person may sign the application with written authorization from the applicant or licensee.

“DPH” means the Delaware Division of Public Health.

“Enforcement action” means an action taken by OCCL to promote compliance such as suspension, revocation, or denial.

“Field trip” means a trip or program activity off the licensed site.

“Group size” or “maximum group size” means the number of children permitted by these regulations to be assigned to a specific staff member or group of staff members, occupying an individual room or well-defined physical space within a large room or other area.

“Hazardous material” means any item or agent (biological, chemical, radiological, or physical), that has the potential to cause harm to humans, animals, or the environment, by itself or through interaction with other factors.

“Health care provider” means a professional who practices medicine with or without supervision and is sanctioned by an established licensing body. The most common types of health care providers include physicians, advanced practice nurses or nurse practitioners, and physician assistants.

“Hearing” means the hearing provided to a licensee or applicant when requesting an appeal of OCCL's decision to place the facility on an enforcement action such as suspension, revocation, or denial. A licensee or applicant may provide evidence to contest the action.

“Individualized educational program” or “IEP” means a document written at least yearly which describes the services and supports needed for a child identified for special education usually for a child age three years and older.

“License” means the document issued by OCCL granting authority to a licensee to operate a youth camp at a specific address under applicable State laws.

“Licensee” means the individual or entity, such as a company, corporation, organization, business, school district, or agency, legally responsible for a licensed youth camp.

“Licensing specialist” means an OCCL employee who is responsible for performing regulatory activities including monitoring child care facilities, investigating complaints, monitoring the need for enforcement actions, and making recommendations for licensure as set forth in Delaware Code and these regulations.

“Office of Child Care Licensing” or “OCCL” means the agency within the department authorized under 14 Del.C. §§3001A-3005A to promulgate and enforce regulations for child care, to license child care facilities, and to develop and implement policies and procedures.

“Parent/guardian” means a birth or adoptive parent, legal guardian, or other person having responsibility for, or legal custody of, a child.

“Regulation” means the minimum standard established by OCCL that is required for a particular aspect of child care.

“Revocation” means the process of rescinding a license during the license's effective dates withdrawing permission to operate.

“School-age child” means a child who attends or has attended kindergarten or a higher grade.

“Secretary” means the Secretary of the Department of Education.

“Serious non-compliance” means an action or actions that violate the terms of a license and presents a significant risk to children. Serious non-compliance includes, but is not limited to the following: child abuse or neglect, excessive non-compliance, failing to admit authorized people into the camp; failing to cooperate with an investigation, failing to report abuse or neglect, improper discipline, improper release of children, improper staff-to-child ratios, inappropriate adult behavior, lack of supervision, medication errors, having no camp director, being over-capacity, participating in fraud or making false statements, being sanctioned by another agency, providing transportation in an unsafe manner, being under the influence of drugs and/or alcohol, leaving unqualified staff alone with children, failing to complete comprehensive background checks as required, having an unsafe building/environment, violating an agreement of understanding, or refusing to sign an agreement of understanding.

“Service Letters” as required by the Delaware Department of Labor, 19 Del.C. §708, are used to determine whether a person seeking employment was counseled, warned, reprimanded, suspended, or discharged as a result of a reasonably substantiated incident involving a person’s violent behavior or threat of violence in the workplace, or for abuse or negligence/neglect of patients/clients/residents/children.

“Staff member” means a full- or part-time employee of a youth camp.

“Supervision” (of children, staff members, and volunteers) means the correct number of staff members are physically present in the area or room, including outside, with children and staff members and volunteers who must be supervised . Supervision includes providing watchful oversight and timely attention to children, staff members, and volunteers’ actions and needs.

“Suspension order” means a notice issued by OCCL directing a licensee to immediately cease operation of the youth camp and stop providing child care. While the license is suspended, a licensee may not provide child care.

“Variance” means OCCL's approval for a licensee to meet the intent of a specific licensing regulation in a different manner than the regulation specifies.

“Volunteer” means a person who is at least 16 years old who provides an unpaid service or support to a youth camp. Unless qualified to be alone with children as stated in these regulations, a camp counselor or the camp director must always visually supervise a volunteer.

4. Definition of Regulated Service

Unless exempt from licensure per DELACARE: Regulations in Early Care and Education and School-Age Centers, a youth camp or camp means a child-serving entity having custody or control of one or more school-age children, unattended by parent or guardian, to provide a program of recreation, athletics, education, or religious instruction

or guidance. This youth camp operates for up to 12 weeks, during the months of June through September, or during school in-service days, school holidays, or school vacations.

5. Authority to Inspect

- A. Applicants, licensees, staff members, and volunteers, if applicable, shall allow immediate access to the camp during the hours of operation to officials from OCCL and other State and local agencies, including agencies providing payment for child care services such as Purchase of Care (POC) and the Child and Adult Care Food Program (CACFP) to determine compliance with applicable codes, regulations, laws, or contracts. This includes access to information, files, documents, and video recordings needed to determine compliance.
- B. Applicants, licensees, staff members, and volunteers, if applicable, shall allow and not hinder the interviewing of a licensee, staff member, child in care, or child's parents/guardians by officials from OCCL or other State and local agencies. Interviews will occur to determine compliance with these regulations and other applicable codes, regulations, laws, or contracts such as for POC and CACFP. A licensee shall cooperate and have staff members cooperate with investigations regarding allegations of child abuse or neglect conducted by the Department of Services for Children, Youth and Their Families.

6. License Requirements

- A. A license remains the property of OCCL and is not transferable or subject to sale.
- B. A licensee shall post the license where it is visible to the public.
- C. A license is valid at the address shown on the license and at the site that OCCL approved for use during inclement weather if located at a different location.
- D. A licensee shall submit a separate application for each camp's address.
- E. When a camp closes for the season or relocates, or when OCCL suspends or revokes the license, the license immediately becomes void.
- F. A licensee who owns or operates a child care center licensed by OCCL may also receive a camp license by following the licensing and approval process contained in these regulations. The licensed program must operate using the regulations assigned to that particular program.
- G. A licensee shall not exceed the camp's licensed capacity.
- H. OCCL may extend a camp's license in the event of a State of Emergency.
- I. OCCL shall determine a camp's capacity using the information in the Capacity Calculations for Summer Camp Programs chart below in addition to the number of toilets available to staff members and children.

Capacity Calculations for Summer Camp Programs:		
Program Operation:	Indoor Space Requirement:	Outdoor Space Requirement:
Both indoors and outdoors and all children do not use the outdoor area at the same time.	At least 35 square feet of usable floor space* for each child in each area or room used by children.	At least 75 square feet for each child for the maximum number of children who will use the outdoor area at one time. This area must be large enough to accommodate at least 25% of the program's licensed capacity at one time.

Capacity Calculations for Summer Camp Programs:		
Program Operation:	Indoor Space Requirement:	Outdoor Space Requirement:
Both indoors and outdoors and all children use the outdoor area the same time.	At least 35 square feet of usable floor space* for each child in each area or room used by children.	At least 75 square feet for each child who will use the outdoor area at one time. This area must be large enough to accommodate 100% of the program's licensed capacity.
Primarily outdoors and indoor area use is on a limited basis or during inclement weather.	At least 35 square feet of usable floor space* for each child in each area or room used by children.	At least 75 square feet for each child who will use the outdoor area at one time. This play area must be large enough to accommodate 100% of the program's licensed capacity.
Overnight camp	At least 50 square feet of floor space per child in sleeping areas with at least two feet between each bunk.	
*Usable floor space does not include bathrooms, hallways, closets, and other areas not used by children.		

PART II LICENSING PROCESS AND PROCEDURES

7. Procedures for Licensure

- A. At least 60 days in advance of the proposed youth camp opening, an applicant shall have completed the following steps and submit the following information to OCCL when seeking a license:
1. Attend OCCL's information session to learn the application process and regulations (an applicant may send the designated representative).
 2. Submit a completed Youth Camp License Application (see Appendix I), which includes:

Required Application Information:
<ul style="list-style-type: none"> • Applicant's name, address, email, and phone numbers;
<ul style="list-style-type: none"> • Applicant's references: for corporations contact information for officers; for LLCs contact information for managing member; for public and private schools contact information for the superintendent or equivalent officer, for agencies contact information for head of agency;
<ul style="list-style-type: none"> • Previous licensure information, if applicable;
<ul style="list-style-type: none"> • Program information (including ages of children to be served, anticipated number of children to be served, the specific address of the camp and for primarily outdoor camps an inclement weather site, and whether the camp operates overnight);
<ul style="list-style-type: none"> • Staffing information (including names of proposed employees); and
<ul style="list-style-type: none"> • Certifications that include: <ul style="list-style-type: none"> ○ Agreement to comply with federal and State laws and regulations; ○ Statement that information supplied is true and correct; and ○ Acknowledgment that OCCL is required to make a thorough investigation of the applicant.

3. Submit the following items to OCCL:

Items to be Submitted:	
<ul style="list-style-type: none"> Day or recreational camp permit from the Division of Public Health (DPH) Camps that have never been permitted and camps that are relocating must begin the pre-operational review at least 90 days in advance); 	
<ul style="list-style-type: none"> Sample two-week menu, if providing meals or snacks (if using a catering service, a copy of the caterer's food establishment permit); 	
<ul style="list-style-type: none"> Deed, lease, or documentation showing a lease/sale will be entered into at a date prior to licensure of the camp, or written permission from the owner to use an area or room. A deed or lease is required before the pre-licensing visit is conducted; 	
<ul style="list-style-type: none"> Emergency plan; 	
<ul style="list-style-type: none"> Diagram of the buildings or structures to be used routinely or during inclement weather including the room dimensions, square footage, location of toilets, and handwashing sinks. 	
<ul style="list-style-type: none"> Documentation showing each building or structure's total occupancy capacity per the fire code, if applicable; 	
<ul style="list-style-type: none"> Proof of compliance with applicable State and local building, zoning, and plumbing codes, Department of Natural Resources and Environmental Control for septic systems, and Office of Drinking Water for well water; 	
<ul style="list-style-type: none"> Release of employment form that allows OCCL to collect service letters as per 19 Del.C. §708. The form will list the applicant's current or most recent employer and all health care and child care facilities where the applicant worked within the past five years. If an applicant has no former employer, the applicant shall provide information for two more references; 	
<ul style="list-style-type: none"> Comprehensive background check, as described in subsection 22.C for the camp director; 	
<ul style="list-style-type: none"> If an applicant will be present at the camp, a health appraisal that includes a TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff that was conducted within one year before the application date. This form must confirm the individual's health and document medical or physical conditions that may limit the person's ability to perform child care or have access to children or others and any reasonable accommodations that may be required; 	
<ul style="list-style-type: none"> Parent/guardian handbook; 	
<ul style="list-style-type: none"> Prior to the pre-licensing visit, certificate of liability insurance and, if applicable, motor vehicle insurance; and 	
<ul style="list-style-type: none"> State business license, unless the camp is a nonprofit organization. 	

- B. Upon receipt of the completed application and required information, a licensing specialist will:
 1. Review the application and information, and inspect the premises to determine whether the applicant complies with these regulations;
 2. Make a recommendation for licensure. If a license is granted, it will be valid during the time frame requested on the application; and

3. Notify the applicant as stated in subsection 10.C of this regulation, if OCCL is seeking to deny a license to operate.
- C. A licensing specialist shall conduct one or more unannounced visits to the camp when it is in operation to determine compliance with regulations including those not monitored at the pre-licensing visit.

8. Regulation Variance

- A. An applicant or licensee shall comply with all regulations unless an applicant or licensee requests a variance from OCCL and receives approval.
- B. The applicant or licensee shall describe on a written variance request form (see Appendix II) how the applicant or licensee will meet the intent of a specific regulation in a different manner.
 1. The change may not endanger the health, safety, or well-being of children in care.
 2. The licensee shall keep the variance approval and make it available on request. A variance is valid only for this licensee. If the licensee fails to comply with the variance, OCCL will cancel the variance and require the licensee to comply as the regulation states.
 3. The licensee or applicant may appeal a variance denial by requesting a conference with an OCCL representative.

9. Complaints

- A. OCCL shall investigate complaints received regarding a possible violation of these regulations during the licensee's active operation or inactive period.
- B. OCCL shall notify the licensee or a staff member of the complaint investigation at an unannounced visit or, in limited instances, via phone.
- C. OCCL shall report the results of the investigation in writing.
- D. If OCCL substantiates the complaint or finds other violations during the investigation, a licensee shall correct the violations and come into compliance with these regulations.
 1. Within five days of receiving the complaint investigation report, a licensee may dispute citations or findings by contacting a licensing supervisor to request a conference or by discussing the citations over the phone.
 2. A licensee may provide evidence to prove the citations are not valid.
 3. After the conference or phone conversation, the supervisor will then discuss the information with the licensing specialist and determine whether to remove the non-compliance from the corrective action plan and whether to change the findings.
- E. OCCL will refer or assist in the referral of complaints for investigation, relating specifically to laws, rules, or regulations of other governmental entities (including but not limited to the Americans with Disabilities Act and Delaware Equal Accommodations Law) to the appropriate entity, charged with enforcement authority, for investigation. At the time of the referral, OCCL shall request a report

of the findings. OCCL may use these findings as the basis for an enforcement action.

- F. The Department of Services for Children, Youth and Their Families' Institutional Abuse Unit will investigate complaints regarding the abuse or neglect of a child at the camp by a staff member.

10. Enforcement Actions

- A. To maintain licensure, a licensee shall follow these regulations and applicable federal, State, and local laws and regulations. Failure to do so will result in a corrective action plan or an enforcement action.
 - 1. OCCL may initiate an enforcement action, such as suspension, revocation, or denial of a license application, if the health, safety, or well-being of children in care is in serious or imminent danger, or when a licensee fails to comply with a corrective action plan or agreement of understanding, or a specialist cited the camp for serious non-compliance.
 - 2. A licensee may appeal an enforcement action by requesting a hearing in writing within three business days of notification of OCCL's decision to impose the action.

B. License Suspension

- 1. OCCL may immediately suspend a license if the health, safety, or well-being of children in care is in serious or imminent danger. Imminent hazards include, but are not limited to, the following:
 - a. An ongoing outbreak of an infectious, pathogenic, or toxic agent capable of being transmitted;
 - b. The absence of potable water, supplied under pressure, in a quantity capable of meeting the needs of the camp;
 - c. A backup of sewage into the camp or into equipment containing food or utensils;
 - d. An infestation of vermin to the extent that food and food-contact surfaces cannot be protected from contamination;
 - e. The absence of adequate toilet facilities; or
 - f. Insufficient qualified staff to operate the camp safely to meet staff-to-child ratios.
- 2. A suspension order requires the licensee to immediately cease operation of the youth camp and stop providing child care. Absent extenuating circumstances, a suspension order shall be in writing.
 - a. If OCCL issues a verbal suspension order, OCCL will hand-deliver a written suspension order by 11 AM the following business day unless a delay is approved by a licensing supervisor.
 - b. A written suspension order must state the reason or reasons for the enforcement action.

3. Within five business days of OCCL issuing the written order, the licensee may choose to close permanently, remain suspended until the licensee corrects the reason for the suspension and OCCL lifts the suspension, or remain suspended and request a hearing in writing. In cases where the licensee corrects the reason for suspension and OCCL lifts the suspension, OCCL may conduct increased monitoring for the duration of the license.
4. A hearing must be scheduled and held within 10 business days of the licensee's written request for a hearing.
 - a. The associate secretary of early childhood support assigns a hearing officer with no previous involvement in the matter.
 - b. The hearing officer may allow delays in the hearing only for good cause.
 - c. After a hearing officer makes a recommendation, the secretary determines whether to adopt the recommendation and issues a final decision.
 - d. The secretary will notify the licensee in writing of the decision. The decision will become final 10 business days after mailing or delivery to the licensee.
5. A licensee dissatisfied with the department's decision for suspension may file an appeal within 30 business days after the mailing or delivery of the decision notice.
 - a. A licensee appeals to the Delaware Superior Court in the county where the camp is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.
 - b. A licensee shall supply a copy of the appeal to the department.
 - c. The licensee pays any appeal costs that Superior Court rules require the filing party to pay.
 - d. The final decision of the secretary will remain in place during the appeal process unless otherwise ordered by the court pursuant to 29 Del.C. §10144.

C. Denial of a License Application or Revocation

1. OCCL may deny a license application or revoke a license for good cause, including but not limited to the following:

Reasons for Denial or Revocation:
<ul style="list-style-type: none"> • Failure to comply with applicable provisions of federal, State, or local laws, governor's orders, or these regulations;
<ul style="list-style-type: none"> • Violation of the terms or conditions of its license;
<ul style="list-style-type: none"> • Fraud or misrepresentation in obtaining a license or in the subsequent operation of the camp;
<ul style="list-style-type: none"> • Refusal to furnish OCCL with files, reports, or records as required by these regulations;

Reasons for Denial or Revocation:	
•	Refusal to permit an authorized representative of OCCL to gain admission to the camp during operating hours;
•	Engaging in any activity, policy, practice, or conduct by the licensee or staff member that adversely affects or is deemed by OCCL to be detrimental to the health, safety, or well-being of children; or
•	Conduct that otherwise demonstrates unfitness by the licensee or camp director to operate a camp.

2. OCCL shall notify the applicant or licensee in writing of the reasons it intends to deny a license application or revoke a license. This letter will describe how an applicant or licensee may appeal the decision by requesting a hearing to present information that the cited violations or reasons for the denial are not valid.
 - a. Within 10 business days of receiving the written notice, the applicant or licensee shall request a hearing in writing or accept the denial or revocation and close within the time stated in the notice.
 - b. If an applicant or licensee does not make a timely request for a hearing as stated in subsection 10.C.2.a, the denial or revocation will take effect 30 business days after receiving the written notice from OCCL.
3. The hearing officer will hold the hearing within 30 calendar days of the hearing request.
 - a. The department will assign a hearing officer with no previous involvement in the matter.
 - b. A hearing officer may allow delays in the hearing only for good cause.
4. If an applicant or licensee requests a hearing in a timely manner, its existing license will be valid until the department provides a written decision after the hearing. However, OCCL may suspend a license immediately whenever the health, safety, or well-being of children in care is in serious or imminent danger.
5. After a hearing officer makes a recommendation, the secretary determines whether to adopt the recommendation and issues a final decision. The secretary will notify the applicant or licensee in writing of the decision. The decision will become final 10 business days after mailing or delivery to the applicant or licensee.
6. An applicant or licensee who is dissatisfied with the department's decision regarding revocation or denial may file an appeal within 30 business days after the mailing or delivery of the decision notice.
 - a. The applicant or licensee appeals to the Delaware Superior Court in the county where the camp is located, by filing the appeal in the Office of the Prothonotary for the Superior Court.

- b. The applicant or licensee shall supply a copy of the appeal to the department.
 - c. The applicant or licensee pays any appeal costs that Superior Court rules require the filing party to pay.
 - d. The final decision of the secretary will remain in place during the appeal process unless otherwise ordered by the court pursuant to 29 Del.C. §10144.
7. When OCCL revokes or denies an application, the licensee or applicant may not apply for any license from OCCL for two years from the date that the revocation or denial was upheld. OCCL will not issue any license to a camp's designated representative or another person in a leadership role during this two-year period.

PART III ADMINISTRATION AND ORGANIZATION

11. Notification to OCCL

- A. A licensee shall ensure a staff member calls OCCL and speaks to someone at OCCL (leaving a message is not acceptable) within one business day Monday-Friday from 8:00 AM to 4:30 PM in the event of:

Notify OCCL Within One Business Day in the Event of:	
• A fire, flood, or other disaster causes damage that affects the camp's ability to operate safely;	
• Injury of a child while in the care of a camp, when the camp is informed the child required medical/dental treatment other than any first aid provided at the camp. A licensee shall follow this call with a written report within three business days;	
• Suspected abuse or neglect of a child while in care (after reporting the suspicion to the 24-Hour Child Abuse Report Line, currently listed as 1-800-292-9582);	
• A known arrest or conviction of a staff member, volunteer, or licensee;	
• A child had a reaction to medication requiring medical treatment or received medical treatment because of a medication error as described in subsection 38.E. The licensee shall follow this call with a written report within three business days;	
• The phone number of the camp changes (must also notify parents/guardians and staff members);	
• Changes in who provides the meals and snacks, the caterer, or method of storage used to prevent foods from spoiling;	
• A child is abducted from the camp or is missing while in the camp's care; or	
• An equipment breakdown that threatens the health and safety of children in care, including but not limited to lack of working toilets, interruption of running water, loss of phone service or power, failure of any fire protection system, and heating or air-conditioning failure.	

- B. The licensee shall immediately call the Department of Services for Children, Youth, and Their Families' 24-Hour Child Abuse Report Line (currently listed as

- 1-800-292-9582) when a child in care dies. After this call, a licensee shall immediately notify OCCL.
- C. A licensee shall ensure staff members or the licensee return telephone calls from OCCL requiring a response within two business days.
 - D. A licensee shall notify OCCL in writing at least four weeks before an expected change of location. A licensee may not operate a camp at a new location without OCCL issuing a license for the new address.
 - E. A licensee shall notify OCCL within two business days of the resignation, termination of employment, transfer, or hire of the camp director.
 - F. In the event of the licensee's death, the camp director or camp counselor shall inform OCCL within 10 business days. The license will no longer be valid 30 days after the licensee's death.

12. Governing Body

- A. A licensee shall have an identifiable owner or governing body with responsibility for and authority over the operation of the camp. The owner or governing body shall designate a qualified person to function as the camp director.
- B. A licensee or, if applicable, the governing body, and employees shall follow all applicable federal, State, and local laws and regulations, including, but not limited to, the Americans with Disabilities Act and Delaware Equal Accommodations Law.
- C. A licensee shall have an organized system of business management and have sufficient staff, space, and equipment to fulfill, at a minimum, administrative, fiscal, clerical, cleaning, maintenance, food services, direct child care, and supervisory functions.

13. Insurance Coverage

A licensee shall have documentation of comprehensive general liability insurance, motor vehicle insurance if transporting children in a vehicle owned or leased by the camp, and other insurance as required by State law.

14. Telephones

- A. A licensee shall ensure a camp has a working phone number and an on-site phone.
- B. A licensee shall ensure this on-site phone has a feature that allows a caller to leave a voicemail message.
- C. A licensee shall provide the new phone number to the parent/guardian, staff, and OCCL within one business day if it changes.

15. Child Abuse and Neglect Reporting Requirements

- A. A licensee shall develop, follow, and maintain on file written policies and procedures for handling an incident of suspected child abuse or neglect that occurs while a child is in or out of the camp's care to comply with applicable laws.
- B. Allegations of Abuse or Neglect against a Staff Member

1. The licensee shall ensure staff members or volunteers do not abuse or neglect children.
2. If the abuse or neglect occurred at the camp by a staff member, the licensee shall eliminate those factors or circumstances that may have increased the risk of abuse or neglect.
3. A staff member alleged to have abused or neglected a child may not have direct contact with any child until the completion of the incident's investigation. However, at the licensee's discretion, the licensee may reassign the staff member to other duties that do not involve contact with children.

16. Positive Behavior Management

- A. A licensee shall ensure that staff members use prevention strategies, appropriate redirection rather than restraint, and positive developmentally-appropriate methods of behavior management of children, which encourage self-control, self-direction, positive self-esteem, social responsibility, and cooperation.
 1. Staff shall give directions and guidance in a clear, non-threatening manner.
 2. Staff members shall:
 - a. Intervene quickly to ensure the safety of children and others
 - b. Redirect children by suggesting other acceptable behaviors; and
 - c. Escort the child to a different setting when necessary and speak so children understand their feelings are important and acceptable, but their disruptive behavior is not.
- B. A licensee shall ensure staff members teach by example by always being respectful and using appropriate language when speaking to children and others such as other staff and families while at the camp.
- C. A licensee shall ensure that if staff members use "time-out", it is used only as necessary to help the child gain control of behavior and feelings. It must be used as a supplement to, not a substitute for, other developmentally-appropriate methods of behavior management.
 1. "Time-out" must be limited to brief periods of no more than one minute for each year of a child's age.
 2. Before using "time-out", the staff member shall discuss the reason for the "time-out" in language appropriate to the child's level of development and understanding.
 3. A staff member must supervise a child removed from the group or room during a "time-out."
 4. Before rejoining the group or at another time, a staff member must talk to the child in ways that encourages the child to make better decisions in the future.

- D. A licensee shall ensure the following actions are prohibited:

Prohibited Acts:
<ul style="list-style-type: none">• Roughly handling a child or physical punishment inflicted on a child's body, including, but not limited to the following: shaking, grabbing, striking, hair-pulling, biting, pinching, plucking, slapping, hitting, kicking, or spanking;
<ul style="list-style-type: none">• Yelling at, humiliating, or frightening children;
<ul style="list-style-type: none">• Physically or sexually abusing a child;
<ul style="list-style-type: none">• Making negative comments about a child's looks, ability, ethnicity, family, or other personal traits;
<ul style="list-style-type: none">• Denying children food, water, or toilet use because of inappropriate behavior;
<ul style="list-style-type: none">• Tying, taping, chaining, caging, or restraining a child by a means other than holding. The child may be held only as long as necessary for the child to regain control;<ul style="list-style-type: none">○ If the child or others are in imminent danger or a risk to themselves or others, physical holding for as brief as possible to remedy the risk or removing the child to a safer location is permissible. Supervision is required.○ In the event physical holding is used, documentation must occur by the staff.
<ul style="list-style-type: none">• Punishing children for a toileting accident, or for failing to fall asleep, eat food, or complete an activity;
<ul style="list-style-type: none">• Withholding physical activity as punishment; or
<ul style="list-style-type: none">• Encouraging or allowing children to hit, punish, or discipline each other.

17. Food Service Policy

- A. A licensee shall have and follow a written policy concerning food service. This policy must be given to a parent/guardian at enrollment and when updated. This policy must include:
1. Approximate times of snacks and meals;
 2. Procedures to address food allergies, religious dietary restrictions, and other dietary requests or restrictions for foods provided by the camp or parents/guardians; and
 3. A description of whether the camp or parent/guardian will provide meals and snacks.
- B. A licensee shall ensure when a parent/guardian provides meals and snacks, the food service policy includes:
1. Statements that meals or snacks may not be shared with others;
 2. Statements that foods must be clean, safe, and comply with the camp's written policy concerning the types of foods provided by a parent/guardian;
 3. Written procedures to be followed to prevent spoilage of foods brought from home; and
 4. Procedures that the camp will follow to provide a meal or snack to a child who has not brought one or both.

18. Meals and Snacks

- A. A licensee shall ensure meals and snacks are served on the following schedule depending on the number of hours the child is present:

Number of Hours:	Meals/Snacks Required:
3 hours - 4 hours	1 snack
4 hours - 6 hours	1 meal and 1 snack
7 hours – 11 hours	2 meals and 1 snack or 2 snacks and 1 meal based on time of child's arrival
12 hours or more	3 meals and 2 snacks

- B. A licensee shall provide meals and snacks except when:
1. The parent/guardian chooses to provide the child's food and provides a signed statement stating this choice.
 2. The camp does not provide meals or snacks and informs the parent/guardian at the time of enrollment that the parent/guardian provides the meals or snacks.
 3. The camp has a field trip or a specific activity requiring special meal arrangements.
- C. A licensee shall ensure staff members responsible for food service have knowledge of nutrition, sanitary food preparation, storage, and cleaning, and follow the camp's policy on food service.
- D. A licensee shall ensure meals and snacks provided by the camp:
1. Follow the meal pattern requirements (see Appendix III) which are appropriate to the child's age;
 2. May include 100% unsweetened juice, not a juice drink or cocktail;
 3. May include powdered milk used only for cooking and not instead of liquid milk for drinking; and
 4. Are planned on a menu, dated, and posted in a noticeable place and kept for at least 10 business days.
- E. A licensee shall ensure that staff members prepare and serve special, therapeutic diets only upon written instructions by a health care provider. A health care provider's written permission is required for a change in meal patterns.
- F. A licensee shall ensure when a parent/guardian requests a change of meal patterns due to a family's food preferences or religious beliefs, the parent/guardian provides the camp with a list of the foods that are unacceptable and the substitutions allowed.
- G. Meal Components
1. As described in Appendix III, a licensee shall ensure a breakfast provided and served by a camp has at least one age-appropriate serving-size item each from the milk, fruit and vegetable, and grain food groups.

2. As described in Appendix III, a licensee shall ensure lunch or dinner provided and served by a camp has one age-appropriate serving-size item from each of the milk, meat or meat alternate, and grain food groups and two items from the fruit and vegetable food group.
 3. As described in Appendix III, a licensee shall ensure that a snack provided and served by a camp has at least one age-appropriate serving-size item from two of the food groups. If milk or 100% juice is not included with a snack provided and served by the camp, water must be served with that snack.
- H. A licensee shall ensure each child has utensils, such as a fork, spoon, knife, or dish. This equipment may not be shared with another child or adult during feeding.
- I. All single-service dinnerware or utensils provided by the camp for meals or snacks must be thrown away immediately after use.

19. Emergency Planning

- A. A licensee shall have and follow a written plan that describes procedures for natural and man-made disasters, inclement weather, and National Weather Service advisories. A licensee shall train staff members on the plan. The emergency plan must include information and procedures in the following areas:

Emergency Plan Requirements:	
• Preparing for a disaster;	
• Observing weather conditions and taking appropriate actions to ensure children's health and safety in the event of lighting, air quality alerts ordered by a local or state authority on air quality or public health, and National Weather Service advisories;	
• Responding to emergencies related to specialized activities, if applicable;	
• Assigning specific responsibilities to staff members during a disaster;	
• Keeping track of children and staff;	
• Moving to a new location or seeking shelter indoors, if appropriate;	
• Communicating with and returning children to families;	
• Meeting the needs of children with disabilities or medical conditions;	
• Caring for children after the disaster;	
• Contacting appropriate emergency response agencies and the parents/guardians; and	
• Locking down the camp.	

- B. A licensee shall ensure posted evacuation routes are in each room that the children use.
- C. A licensee shall develop and follow a written plan describing procedures to shelter-in-place at the camp or inclement weather site for up to 24 hours due to a disaster. The plan must include a list of emergency supplies kept on-site, including enough foods that will not spoil, bottled water, and supplies to serve or prepare foods without the use of electricity.
- D. A licensee shall ensure staff members monitor weather conditions to ensure children have shelter in the event of inclement weather.

20. Smoking and Vaping

A licensee shall inform staff members and others at the facility that smoking and vaping are prohibited at the camp. Smoking and vaping are prohibited in the outdoor play area, while transporting children, in the presence of children, and during field trips.

21. Camp Policies-Parent/Guardian Handbook

A licensee shall have and follow an organized system of respectful communication with parents/guardians and provide a handbook at enrollment that includes the following information:

Parent/Guardian Handbook Requirements:	
•	A camp description that outlines the activities, daily schedule, and field trips offered;
	Assurances that parent/guardians' visits and monitoring of the program are welcomed and permitted without prior approval;
•	Assurances of nondiscrimination based on race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, creed, disability, veteran's status, or any other category protected by state and/or federal laws;
	A written explanation of the mandatory reporting of child abuse and neglect;
•	A procedure for accepting and handling complaints from the parent/guardian;
	Procedures related to the release of children including: <ul style="list-style-type: none">Releasing children only to people approved by a parent/guardian including a process for the emergency release of a child;Checking the identity of an unknown approved person before releasing the child and keeping documentation of this verification;Handling situations in which a non-custodial parent attempts to claim the child without a custodial parent/guardian's permission;Handling situations in which an unapproved person attempts to pick up a child; andHandling situations when a person who seems to be intoxicated or unable to bring the child home safely requests the release of a child;
•	Procedures to report accidents or critical incidents involving the child and other important information relating to the child;
•	Procedures stating that written permission from the parent/guardian is required before disclosing or using a child's written, electronic, or digital information except to employees of OCCL or other entities with statutory responsibilities for issues relating to the health, safety, and well-being of children;
•	Policies for routine and emergency health care including procedures to follow in case of illness; plans for accessing emergency services, including transportation and parent/guardian notification; illness exclusions including reportable communicable diseases; parent/guardian notification of communicable disease or condition; and administration of medication policies including reasonable accommodations for a child with disabilities;
•	Policies for child suspension and expulsion that comply with DE's "Best Practice Statement for the Prevention of Expulsion and Suspension in Delaware Early Childhood Programs," that can be found on the "My Child DE" website; and
•	Policies that allow for children with an IEP to receive services at the camp when needed;
•	Policies on positive behavior management and food services as described in Sections 16 and 17, and transporting children, if applicable.

STAFFING QUALIFICATIONS AND REQUIREMENTS

22. General Qualifications

- A. A licensee shall ensure each staff member and volunteer has an understanding of and respect for children and their needs. This includes an understanding of and respect for a child's family and culture.
- B. A licensee shall prohibit the use or possession of alcohol or a drug that could adversely affect job functions in the workplace.
- C. A licensee shall ensure each adult staff member schedules an appointment with the Delaware State Police and is fingerprinted for a Delaware SBI and FBI check before the start of employment.

Comprehensive Background Check Requirements:	
•	Adult staff members shall provide the fingerprint verification form to the licensee before working with children.
•	In addition to the Delaware fingerprinting, adult staff members who currently reside outside of Delaware must contact their state of residence and complete a fingerprinted state criminal history search and a name-based child abuse and neglect search.
•	Adult staff members who have resided outside of Delaware in the last five years shall contact each state of residence, and request a criminal history search and a name-based child abuse and neglect search.
•	After the out-of-state searches are completed, the camp director shall submit the results within one business day to the Criminal History Unit (CHU) in the Department of Services for Children, Youth and Their Families.
•	While waiting for the results of the background check, a staff member must be supervised at all times by a person who has completed the background check process and been determined eligible.
•	An adult staff member may not be alone with children until CHU reviews the comprehensive background check and determines eligibility.

- D. A licensee shall complete an adult abuse registry check through the Department of Health and Social Services' website (currently listed as <http://dhss.delaware.gov/dhss/dltcrp/Default.aspx>) for adult staff members before their start date. A licensee shall ensure the results are printed and placed in the staff member's file.
- E. A licensee may not own or be employed at a camp if the licensee is prohibited from working in child care in Delaware, based on both State law and the federal Child Care Development Block Grant Act. Applicants and licensees who have a child or children currently or permanently removed from their custody because of abuse, neglect, or dependency are prohibited from providing child care.
 - 1. A licensee shall comply with the DELACARE Regulations - Background Checks For Child-Serving Entities.
 - 2. A licensee may not employ or retain a person who is prohibited from working in child care in Delaware based on both the State law and the federal Child Care Development Block Grant Act. If a person is

- determined ineligible, the licensee shall make the final determination on whether to hire or retain the person.
3. The licensee may not employ or retain in any capacity a person convicted of an offense defined as child sexual abuse in 11 **Del.C.** §8550 or who is on the Child Protection Registry at a Level III or Level IV.
 4. When known, the licensee may not employ or retain in any capacity a person whose child or children are currently removed from this person's custody because of abuse or neglect.
 5. After receiving an eligibility determination, a person who is determined ineligible or prohibited under the DELACARE Regulations - Background Checks for Child Serving Entities, is entitled to an administrative review for reconsideration.
 - a. If the person requests an administrative review, the licensee and the person shall be bound by the final eligibility decision of the administrative review.
 - b. If a person is determined ineligible, the licensee shall make the final determination on whether to hire or retain the person.
 - c. If a person is determined prohibited, the person may not work in child care.
- F. A licensee shall require staff members to be truthful when providing information to parents/guardians, OCCL, and other State or federal agencies.

23. Adult Health Requirements

- A. A licensee shall ensure each staff member and volunteer has a health appraisal that includes verification of the person's ability to perform essential job functions, any reasonable accommodations that may be required, and a TB test or medical professional risk assessment that verifies the person does not pose a threat of transmitting tuberculosis to children or other staff.
1. This appraisal must be conducted within one year before a staff member or volunteer's start date.
 2. A licensee shall provide documentation of any known health conditions of the staff member that pose a direct threat to the health and safety of children or others to OCCL to determine whether the health condition creates a significant risk to children.
 3. A licensee shall keep this appraisal in an on-site confidential paper or accessible electronic file
- B. A licensee shall ensure a staff member or volunteer with a known contagious communicable disease does not provide personal care to or have direct contact with children. Within 48 hours, a licensee shall inform DPH of a reportable communicable disease. Information regarding the communicable diseases that require reporting are located on DPH's website (currently listed as <http://dhss.delaware.gov/dph/dpc/rptdisease.html>). Attendance of these staff or volunteers shall be under DPH's direction.

24. Orientation

- A. A licensee shall document that all staff members working directly with children receive training in the following topics before working with children:

Orientation Requirements:	
•	DELACARE Regulations (related to job duties);
•	Emergency preparedness, disaster and evacuation plans and procedures;
•	Procedures for identifying and reporting suspicious behavior or concerns within the camp;
•	Release of children including procedures for situations listed in Section 21;
•	Positive behavior management;
•	Routine and emergency health care including health exclusions, prevention and recognition of the symptoms of childhood illnesses, including reportable communicable diseases;
•	Prevention and response to emergencies due to food allergies;
•	Building and physical premises safety;
•	Handling and storage of hazardous materials and proper disposal of bio-contaminants;
•	Child accident and injury procedures;
•	Administration of medication;
•	Recordkeeping, including documenting children's attendance and their own attendance;
•	Sanitation and safety procedures, including procedures to restrict access to children by unauthorized persons;
•	Photographing or videotaping children;
•	Transporting children, if applicable;
•	Recognition of the symptoms of child abuse and neglect, the child abuse and neglect law and reporting requirements, and the camp's procedures to report abuse and neglect; and
•	Information on federal and State laws or regulations applicable to children and families in care, including non-discrimination.

- B. The orientation must include the opportunity for staff members to ask questions and receive clarification on their job functions, licensing regulations, and camp policies. When information is revised, a licensee shall ensure staff members are informed of the changes.

25. First Aid and CPR Training

A licensee shall ensure all adult staff members have current certifications in first aid and in cardiopulmonary resuscitation (CPR).

1. The certifications must be appropriate to the ages of the children in care.
2. Online certifications are acceptable.

26. Personnel Files

A licensee shall have an on-site confidential paper or accessible electronic file for each staff member. This file must be available upon request for at least three months after employment ends. Except as noted, all file contents are required at the start of employment and must include the following:

Personnel File Requirements:
<ul style="list-style-type: none">• Personal data sheet, completed application, or résumé containing the person's name, date of birth, home address, and phone number;
<ul style="list-style-type: none">• Date of employment and termination date (as applicable);
<ul style="list-style-type: none">• Release of employment history form and received Service Letters or documentation showing two requests and follow-up for Service Letters has been made. If the person has not worked or if unable to get at least one completed Service Letter, two reference letters or phone references are required;
<ul style="list-style-type: none">• Orientation that includes documentation of training in all topics listed in Section 24 of this regulation;
<ul style="list-style-type: none">• Receipt of fingerprinting for adult staff members;
<ul style="list-style-type: none">• Documentation of qualifications, if applicable;
<ul style="list-style-type: none">• Drug/Alcohol prohibition acknowledgement;
<ul style="list-style-type: none">• Comprehensive background check eligibility letter;
<ul style="list-style-type: none">• Adult abuse registry check;
<ul style="list-style-type: none">• Health appraisal, as described in subsection 23.A. of this regulation;
<ul style="list-style-type: none">• Current first aid and CPR certifications for adult staff members;
<ul style="list-style-type: none">• Administration of medication certificate, if applicable; and
<ul style="list-style-type: none">• If transporting children, a copy of a current driver's license.

27. Staffing and Qualifications

- A. A licensee shall ensure the camp has a qualified camp director who is at least 21 years old and meets one of the following qualifications:

Qualifications for Camp Director:
<ul style="list-style-type: none">• Has completed a course in camping administration such as one offered by a national professional camping association;
<ul style="list-style-type: none">• Has at least two seasons of previous experience working at a camp; or
<ul style="list-style-type: none">• Qualified as a school-age administrator or an early childhood administrator with specialized training in school-age care per DELACARE: Regulations for Early Care and Education and School-Age Centers (2020).

- B. A licensee shall ensure camp counselors are at least 18 years old.
- C. A licensee shall ensure junior counselors are at least 16 years old and are under the supervision of a camp counselor at all times.
- D. A licensee shall ensure a camp counselor supervises no more than two junior counselors at one time.
- E. When campers participate in specialized or high-risk activities such as, but not limited to, horseback riding, hiking, archery, scuba diving,

- canoeing, and aquatic events, a licensee shall ensure the counselors supervising the activity have evidence of appropriate training and experience in their program specialties.
- F. A licensee shall ensure aquatic activities, such as, but not limited to, swimming, boating, canoeing, kayaking, and paddle boarding are supervised by individuals currently certified as Red Cross Lifeguards or a nationally recognized equivalent.
 - G. A licensee shall ensure the camp has at least two staff present when more than five school-age children are present.
 - H. A licensee shall ensure watercraft activities are supervised by a minimum of one counselor on the water to each 10 campers in a watercraft. This counselor shall have proof of participation in three white water canoe or raft trips totaling at least 6 hours on the water or at least six hours of practical instruction in survival and stream safety as taught by the American Red Cross or its equivalent; or one counselor must hold a current American Red Cross Small Craft Certificate.
 - I. An individual who is currently certified by a national or regionally acceptable scuba-training program shall supervise scuba diving activities.
 - J. An individual who possesses a current certificate as issued by a national or regional professional archery association shall supervise archery activities.
 - K. Staff members providing care for children may not be given other duties, such as food preparation, or participate in personal activities, such as using a cell phone, that would interfere with providing care to children. A licensee shall ensure providing care is the primary focus for all direct-care staff members during the hours of operation.
 - L. A licensee shall ensure when a camp director resigns or is terminated from employment, a new camp director is hired within 15 business days.

28. Volunteers

- A. A licensee shall ensure volunteers are at least 16 years old.
- B. A licensee shall ensure adult volunteers providing unpaid services are fingerprinted by Delaware State Police before beginning to volunteer and complete a comprehensive background check as described in subsection 22.C.
 - 1. Adult volunteers who had a comprehensive background check and were determined eligible may be alone with children.
 - 2. Each adult volunteer's comprehensive background check eligibility letter shall be maintained in an on-site confidential paper or accessible electronic file.

29. Ratios, Group Size, and Supervision

- A. A licensee shall ensure supervision of children is provided at all times, except as stated in subsection in subsection 29.C. of this regulation. This supervision occurs through the assignment of qualified staff members who are physically present and working with children.

- B. The licensee shall maintain the minimum staff/child ratio, and maximum group size for each age group as listed in the table below:

Age of Child	Minimum Staff/Child Ratio	Maximum Group Size
5 years old (who has completed kindergarten or first grade), 6 years old, 7 years old, and 8 years old	1:8	16
9 years old – 14 years old	1:10	20
15 years old and older	1:12	24

- C. A school-age child may go to the bathroom unattended at a camp without public access. However, a licensee shall ensure that only one child is permitted in the bathroom at a time. A licensee shall ensure children are escorted by a staff member to and from public restrooms.
- D. For mixed age groups, the staff/child ratio and group size requirements are for the age of the youngest child present.
- E. During the first 90 minutes and last 90 minutes of the camp's hours of operation the maximum group size may be exceeded by half of the maximum of the group size for that age group.

30. Staff Attendance

A licensee shall keep a daily written or electronic record of each staff member's exact hours worked including arrival and departure times and group assignments. A licensee shall keep these records for at least three months.

31. Staff Communication

A licensee shall have and follow an organized system of documented communication among staff. This system must ensure when another staff member assumes responsibility for a child or children, the staff member is informed of significant information, problems, needs, or special circumstances involving a child or children.

Child Enrollment and Attendance Requirements

32. Parent's Right to Know

- A. A licensee shall provide a parent/guardian with information about the person's right to review the camp's licensing record as stated in Title 14 of the Delaware Code.
- B. As a part of the enrollment inquiry process, a licensee shall require the parent/guardian to read and sign *The Parents Right to Know Act* form. A licensee shall keep the signed form on file in an organized manner including signed forms for families who do not enroll.
- C. A copy of the form must be given to the parent/guardian.

33. Child Health Appraisal

- A. A licensee shall ensure that before beginning camp, each child's file has a health appraisal conducted within the last 12 months that includes:

Health Appraisal Requirements:	
• A health history;	
• Physical examination;	
• Growth and development;	
• Age-appropriate immunization as described in Appendix IV and V;	
• Medical information for treatment in case of emergency; and	
• Recommendations regarding required medication, allergies, restrictions or modifications of the child's activities, diet, or care, if applicable.	

- B. A licensee shall ensure a child whose parent/guardian objects to immunizations on a religious basis or whose health care provider certifies that the immunization may be harmful to the child's health will be exempt from the immunization requirement.

1. A notarized statement or documentation from a health care provider is required for an exemption related to an immunization being harmful to a child's health.
2. A licensee shall place this documentation in the child's file.

34. Child Files

- A. A licensee shall have an on-site confidential paper or accessible electronic file for each child. A licensee shall have a procedure to ensure that each child's information is kept current and available to staff members responsible for a particular child on a need-to-know basis. This file must be available upon request for at least three months after disenrollment. All file contents are required at enrollment and must include the following:

Child File Requirements:	
• Child's first and last name, date of birth, address, and parents/guardians' home and cell phone numbers, if applicable;	
• Parents/guardians' names, places and hours of employment, and work phone numbers, if applicable;	
• Names and emergency phone numbers for at least two people approved to pick up the child (may include child's parent or guardian);	
• Name and phone number of the child's health care provider;	
• Health appraisal and immunization record or notarized religious or medical exemption from immunization;	
• First and last names of all people approved to pick the child up;	
• If applicable, copies of court orders on custody and visitation arrangements provided by the parent/guardian;	
• If applicable, a statement on the child's medical needs, any behavioral interventions that are used, information on allergies, current illnesses or injuries, needed reasonable accommodations, and needed medications;	

Child File Requirements:
<ul style="list-style-type: none"> • If applicable, documentation of an IEP when services must be provided during the summer;
<ul style="list-style-type: none"> • Written approvals from parent/guardian for: emergency medical treatment, release of child, and if applicable, special dietary needs, swimming, administration of medication, and transporting the child;
<ul style="list-style-type: none"> • If applicable, administration of medication records and accident and injury reports; and
<ul style="list-style-type: none"> • <i>The Parents Right to Know Form</i> signed by the child's parent/guardian.

- B. A licensee may not give out or allow the use of a child/family's information without written permission from the parent/guardian to do so, unless required by employees of OCCL or other agencies with responsibility for issues relating to the health, safety, and well-being of children or to determine compliance with contracts for programs such as POC or CACFP.

35. Child Attendance

- A. A licensee shall keep an accurate daily written or electronic record of each child's attendance including the exact arrival and departure times and group assignments. A licensee shall keep these records for at least three months.
- B. At the close of the camp's operation, a licensee shall submit a list of all the children who attended camp to OCCL.

Child Health and Administration of Medication Requirements

36. Health Observation

A licensee shall ensure a staff member trained in recognizing common signs of communicable disease, physical injury, other evidence of ill health as listed in Section 37, and signs of child abuse or neglect observes each child on arrival.

- A. A staff member must document specific concerns and observations as well as the steps taken to assist the child and keep this information in the child's file.
- B. A person who suspects child abuse or neglect shall make an immediate report to the Child Abuse Report Line.

37. Child Health Exclusions

- A. A licensee may not permit a child who has symptoms of illness listed below to be admitted to or remain at the camp. The child may only return when the symptoms are gone or with documentation from a health care provider, stating the child has been diagnosed and the illness or symptoms pose no serious health risk to the child or to other children. The symptoms for exclusion must include, but not be limited to, the following:

Symptoms of Illness for Exclusion Includes:
<ul style="list-style-type: none"> • Temperature of 101 °F or higher without medication accompanied by behavior changes or symptoms of illness;

Symptoms of Illness for Exclusion Includes:	
• Symptoms of possible severe illness, such as unusual tiredness, uncontrolled coughing, unexplained irritability, persistent crying, difficulty breathing, wheezing, or other unusual signs;	
• Diarrhea; two or more times of loose stool during the past 24 hours, or if diarrhea is accompanied by fever, exclude for 48 hours after the symptoms end;	
• Blood in stools not due to change in diet, medication, or hard stools;	
• Vomiting; two or more times in the past 24 hours, or one time if accompanied by a fever until 48 hours after the symptoms end or until a health care provider determines the vomiting is not contagious and the child is not in danger of dehydration;	
• Ongoing stomach pain (more than two hours) or off-and-on pain due to a fever or other symptom;	
• Mouth sores with drooling;	
• Rash with fever or behavior change;	
• Purulent conjunctivitis “pink eye” (defined as pink or red conjunctiva with white or yellow eye discharge), until 24 hours after starting antibiotic treatment;	
• Scabies, until 24 hours after starting treatment;	
• Pediculosis “head lice” or nits, until 24 hours after starting treatment;	
• Tuberculosis, as directed by DPH;	
• Impetigo, until 24 hours after starting antibiotic treatment and sores are dry;	
• Strep throat or other streptococcal infection, until 24 hours after starting antibiotic treatment;	
• Varicella-Zoster “chicken pox,” until all sores have crusted and are dry (usually six days);	
• Shingles, only if sores cannot be covered by clothing or a bandage; if not, exclude until sores have crusted and are dry;	
• Pertussis, until completing five days of antibiotic treatment;	
• Mumps, until five days after onset of glandular swelling;	
• Hepatitis A virus, until one week after onset of jaundice, or as directed by DPH;	
• Measles, until four days after arrival of rash;	
• Rubella, until seven days after arrival of rash;	
• Herpetic gingivostomatitis “cold sores,” if the child is too young to have control of saliva; or	
• Unspecified short-term illness, not chronic illness, if the child is unable to participate in activities or the camp cannot provide care for this child and the other children.	

- B. Temperatures for children must be taken using a non-glass thermometer orally or under the arm or by forehead scan. Rectal and ear temperatures may be taken only by a licensed health care professional.
- C. A licensee shall ensure that if a child shows signs of ill health, as listed above, the licensee will remove the child from the group of well children to a separate area.

1. A licensee shall ensure the child's individual needs for rest, comfort, food, drink, and activity are met until a parent/guardian picks up the child or a health care provider/consultant determines that the illness or symptoms pose no serious health risk to the child or to other children.
 2. A licensee shall ensure all items used by an ill child, including rest equipment, bedding, utensils, and toys are cleaned with soap and water and then disinfected before being used by another child.
- D. A licensee may permit a child to return to the camp when the symptoms are gone, documentation from the child's health care provider states the child has been diagnosed and the illness or symptoms poses no serious health risk to the child or to other children, or the child does not have symptoms for exclusion as listed in the camp's written health exclusion policy.
- E. A licensee shall ensure parents/guardians are notified when their child has been exposed to a contagious disease or condition.
- F. A licensee shall report a reportable communicable disease to DPH. For information on these diseases, the licensee shall contact DPH or refer to their website (currently listed as <http://www.dhss.delaware.gov/dhss/dph/dpc/rptdisease.html>).
- G. A licensee may not permit a child with a reportable communicable disease to be admitted to or remain at the camp, unless the child's health care provider documents the child has been evaluated and the disease poses no health risk to the child or to others or DPH has advised that the child is not a health risk to others. If the health care provider states the child may return and DPH says the child cannot return, the licensee shall follow DPH's instructions.
- H. When a health care provider diagnosed a child as having a reportable vaccine-preventable communicable disease, a licensee shall exclude all children not immunized against the disease following DPH's instructions.

38. Administration of Medication

- A. A licensee shall ensure a trained staff member, who has received a valid administration of medication certificate from OCCL, is present at all times to provide both scheduled and emergency medications to children in care. A certified staff member shall be present during field trips to administer medication when needed. The administration of medication certificate must be on file at the camp for each certified staff member.
1. OCCL only allows staff members who are at least 18 years old to be certified to give medication to children. This certification includes passing OCCL's designated test on the information in the Administration of Medication Self-Study Training Guide as described in Appendix VI. Health care providers, nurses, or other qualified medical health personnel are permitted to administer medication to children in a camp without this certification.
 2. Written permission from the child's parent/guardian for each medication to be administered is required.
 3. Unused medication must be returned to the parent/guardian when no longer needed by the child.

4. A licensee has discretion to designate which staff members shall administer medication.
- B. A licensee shall ensure that the parent/guardian of a child provides the following information for each medication given:

Information Required for Administering Medication:
• The name and birth date of the child;
• Medication allergies;
• Doctor name and phone number;
• Pharmacy name and phone number;
• Name of medication;
• Dosage (amount given);
• Time or frequency (when given);
• Route of administration, such as oral, eye, nose, mouth, topical, inhalation, injection;
• Medication expiration date;
• End date (when to stop giving);
• Reason for medication; and
• Special directions.

- C. A licensee shall ensure all prescription medication is given as prescribed.

Prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and labeled with directions on how to give or use it;
• Current and has not expired;
• Given only to the child who has been prescribed the medication, verified by the child's name on the container; and
• Given to the child according to the dosage and administration instructions on the medication container. If no dosage or administration information is listed on the container, such information must be provided in writing by the child's health care provider.

- D. A licensee shall ensure non-prescription medication is given as written on the container's instructions, or as otherwise instructed in writing by the child's health care provider.

Non-prescription Medication Must be:
• Stored securely and out of children's reach;
• Refrigerated, if applicable, in a closed container separate from food;
• In its original container and properly labeled with directions on how to give or use it;
• Current and has not expired; and
• Labeled with the child's name.

- E. A licensee shall keep a written record of medication administered to children recorded on the Medication Administration Record (MAR) including each medication dosage, time administered, by whom administered, adverse effects observed, and medication errors.

1. Medication errors include giving the wrong medication, giving the wrong dose, failing to give the medication, giving medication to the wrong child, giving the medication by the wrong route, or accidental spills of medication.
 2. Adverse effects or errors in administering must be immediately reported to the parent/guardian.
 3. When known, a licensee shall notify OCCL when unwanted effects or errors in administering medication result in death or medical treatment as described in subsection 11.A.
 4. Documentation of administration of medication must be placed in the child's file or in a central administration of medication log and kept while the child is enrolled in the camp.
- F. A licensee may administer medication to a child who has a medical need during child care hours that requires the administration of medication by a non-intravenous injection. In addition to the requirements in subsection 38.B, the parent/guardian shall provide the licensee with the following information, when medication is administered by non-intravenous injection:
1. Written parent/guardian permission for the camp to provide the requested medical care; and
 2. A written statement from the child's health care provider stating:
 - a. The specific medication by injection needed by the child;
 - b. That for the child's health, the requested medication by injection must be administered during the hours the child attends the camp;
 - c. That the requested medication by injection may be appropriately administered at the camp by non-medical child care staff; and
 - d. Whether any additional training is necessary for non-medical staff members to administer the medication or medical care appropriately. If additional training is required, the health care provider shall provide instructions including information about: the type of training, who may provide such training (which may include the child's parent/guardian), and any other instructions needed to provide the requested medication by injection.
 - 1) If additional training is required, the licensee shall identify staff members who are certified to administer medication and have them complete the additional training specified by the child's health care provider. Such training must be completed in a reasonable time based on the availability of such training.
 - 2) The licensee shall keep documentation of this training with the child's MAR and inform the parent/guardian in writing which staff members are authorized and trained to perform the requested medication by injection. This information must be updated as needed.
 - 3) The licensee shall ensure that at least one staff member, who is trained as required by 38.F.2.d.1 to provide the requested

medical care, is present at the camp at all times while the child is present.

- e. A school-age child may self-administer medical care as described in Section 38, with written parent/guardian permission and written health care provider permission. These permissions must indicate the child is able to safely self-administer the prescribed medical care, identify and select the correct medicine and dosage, if applicable, and administer the medical care at the correct time and frequency. The licensee shall keep documentation of these permissions with the child's MAR. A staff member with a current administration of medication certificate shall be present during the self-administration and document all information required on the MAR, including that the medication was self-administered by the child.
- G. The administration of medication may be required under State and federal laws, including but not limited to the Americans with Disabilities Act and the Delaware Equal Accommodations Law. If an agency, administrative body, court, or other entity responsible for enforcing Federal, State, and local laws and regulations makes a finding that the refusal of a licensee to administer medication is a violation of the law, OCCL shall take appropriate enforcement action consistent with Section 10, due to licensee's failure to comply with subsection 12.B.

39. Child Accident and Injury

- A. When known, a licensee shall ensure if a child in care has an accident or injury, a staff member provides assistance to protect the child from further harm.
 - 1. For a serious or potentially serious injury, a licensee shall ensure the parent/guardian is notified immediately after staff members have assisted the child and contacted an ambulance, if needed.
 - a. Serious injury means any impact or injury to a child's face or head, or any physical injury that creates a substantial risk of death or causes serious and prolonged disfigurement, prolonged impairment of health, or prolonged loss or impairment of the function of a body part.
 - b. For serious or potentially serious injuries, a licensee shall document when the parent/guardian was informed or when calls were made to the parent/guardian or emergency contact, but no one answered.
 - 2. A less serious accident or injury requires parent/guardian notification before the child leaves for the day.
 - 3. A licensee shall complete and keep a written accident or injury report for each incident in the child's file or a central log for the camp.
 - a. A licensee shall ensure the report includes the name of the child, date of injury, description of the injury, how it occurred, first aid or

medical care provided, and parent/guardian/authorized release person's signature.

- b. The parent/guardian/authorized release shall be provided a copy of the report on the day of the accident/injury or within one business day.
- B. If a child has a medical event, such as a seizure, asthma attack, or severe allergic reaction, the parent/guardian shall be notified immediately after assisting the child and contacting an ambulance, if needed.
- C. When known, the licensee shall notify OCCL when an accident or injury results in death or medical/dental treatment other than first aid provided at the camp, as described in subsection 11.A.

PART IV PHYSICAL ENVIRONMENT AND SAFETY

40. Hazardous Materials, Maintenance Supplies, and Garbage

- A. A licensee shall ensure containers of poisonous, toxic, or hazardous materials are:
 - 1. Labeled with the contents;
 - 2. Used only in the manner and under the conditions that will not contaminate food or constitute a hazard to children or to staff; and
 - 3. Stored in a locked storage space accessible only to staff.
- B. A licensee shall ensure materials required for routine cleaning and maintenance are stored out of children's reach and used in a safe manner.
- C. The storage of flammable liquids and gases is not to be permitted except as allowed by the Office of the Fire Marshal.
- D. A licensee shall ensure saws, power tools, lawn mowers, toilet plungers, toilet brushes, and other maintenance and janitorial equipment are inaccessible to children.
- E. A licensee shall ensure the buildings, structures, and the campsites are free of an infestation of rodents, insects, or vermin.
 - 1. If pesticides are used, a licensee shall ensure they are used according to the instructions listed on the label.
 - 2. Children may not be present when pesticides are applied.
- F. A licensee shall ensure garbage and trash are stored securely in non-combustible, covered containers.
 - 1. Indoor containers must be emptied at least daily to an outdoor receptacle and kept clean.
 - 2. Outdoor trash/garbage containers that do not contain a plastic liner must be inaccessible to children, emptied at least weekly, and, with the exception of dumpsters, cleaned as needed.

41. Equipment

- A. A licensee shall provide developmentally-appropriate equipment and materials for activities.
 - 1. There must be enough supplies and equipment to allow children the opportunity to choose activities or materials.
 - 2. There must be a system of sharing high demand items, such as computers, when they cannot be supplied to all children.
- B. A licensee shall ensure toys and equipment used by the children are sturdy, safely assembled, hazard-free, and not recalled. Toys and equipment may not cause children to become trapped or have rough edges, sharp corners, pinch and crush points, splinters, or exposed bolts.
- C. A licensee shall take the following measures to prevent hazards to children in care:
 - 1. To prevent cuts, abrasions, and punctures, equipment, materials, and other objects on the premises that have sharp edges, protruding nails, bolts, or other dangers must be repaired, removed, or made inaccessible to children. Sharp edges on natural wooden equipment must be sanded;
 - 2. To prevent burns, equipment, materials, or products that may be hot enough to injure a child must be made inaccessible to children;
 - 3. To prevent sheering, crushing, or pinching, broken or cracked equipment, materials, and objects must be repaired, removed, or made inaccessible to children;
 - 4. To prevent entrapment, freezers, refrigerators, washers, dryers, compost bins, and other entrapment dangers must be inaccessible to children unless being actively supervised;
 - 5. To prevent tripping, uneven indoor walkways, damaged flooring or carpeting, or other tripping hazards must be removed or repaired;
 - 6. To prevent injuries and death, large objects that pose a risk of falling or tipping must be securely anchored. Large objects include, but are not limited to, televisions, dressers, bookshelves, wall cabinets, sideboards or hutches, and wall units; and
 - 7. To prevent injuries, equipment in poor condition (rusty parts, flaking paint, or other dangers) must be repaired, removed, or made inaccessible to children.
- D. A licensee shall ensure equipment and materials are selected or adapted to allow all children, including a child with disabilities or other special needs, to benefit from the program.
- E. A licensee shall ensure screen time activities, such as watching television, using a gaming device, tablet, phone, or computer, are age-appropriate and supervised by a staff member.
- F. A licensee shall ensure equipment and supplies are relevant to the cultural background and community of all children and raise awareness of other cultures and communities.

42. Indoor Area

- A. A licensee shall ensure every building and structure is constructed, used, furnished, maintained, and equipped in compliance with all applicable requirements established by federal, State, local and municipal regulatory bodies. A licensee shall have written certification of compliance from the appropriate regulatory bodies governing zoning, building construction, safety, sanitation, fire code, and the Department of Health and Social Services' Office of Drinking Water for well water.
- B. A licensee shall show evidence of security procedures that ensures access to children is limited to authorized people.
- C. A licensee shall ensure all building areas are in good repair and in a clean and safe condition. Floors, walls, counter surfaces, and toilets must be clean and in good repair.
- D. A licensee shall ensure 35 square feet of indoor usable floor space is available and used for each child during inclement weather or when participating in indoor activities, when the camp is in operation.
- E. A licensee shall ensure natural or artificial light is provided in each indoor area so that children can be supervised and that children can freely participate in activities.
- F. A licensee shall ensure every exit, exit access, and exit discharge is free of obstruction at all times. All closets must be provided with doors that can be readily opened from both sides.
- G. A licensee shall ensure multi-purpose (ABC) type fire extinguishers each with a minimal rating of 2A are spaced within 50 feet of all areas of a room and the building when children are using indoor space.
- H. A licensee shall ensure the following plumbing requirements are met:

Plumbing Requirements:	
•	The water temperature does not exceed 120 °F from faucets and other sources accessible to children;
•	All sinks supply hot and cold or tempered water under pressure at all times;
•	Use of portable sinks is prohibited; and
•	All plumbing complies with State and local plumbing codes.

- I. A licensee shall ensure heating and cooling equipment, hot water pipes, or radiators are safely shielded or insulated to prevent the injury of children.
- J. Heating, cooling, and plumbing equipment must be properly installed, cleaned, and maintained to operate safely.
- K. Floor or window fans and cords must be inaccessible to children and have a safety certification mark from a nationally recognized testing laboratory such as Underwriters Laboratories or Electro-Technical Laboratory.
- L. A licensee shall ensure firearms or ammunition are not on the camp's premises. This regulation does not apply to law enforcement officers in the performance of their official duties.

43. Kitchen and Food Preparation

- A. If meals or snacks are prepared at the camp, a licensee shall ensure a kitchen or food preparation area is provided with the necessary operable equipment to prepare, store, serve, and clean-up all meals and snacks for children and staff.
- B. A camp that does not prepare meals or snacks on-site is exempt from subsections 43.C through 43.J.

1. There may be no food preparation in the facility, except for heating up foods brought from children's homes in the microwave.
2. When food preparation is not permitted, a licensee shall ensure utensils and dishware are single-service and discarded after each use.

- C. The minimum kitchen requirements for camps that prepare and serve meals and snacks are:

Minimum Kitchen Requirements to Prepare and Serve Meals and Snacks:
• One refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or
• Automatic warewashing machine (Commercial grade dishwasher); and
• Separate hand-washing sink;
• Range or cooktop;
• Oven or microwave; and
• Food storage areas.

- D. The minimum kitchen requirements for camps that prepare and serve only snacks are:

Minimum Kitchen Requirements to Prepare and Serve Only Snacks:
• Refrigerator;
• Three-compartment sink; or
• Two-compartment sink and sanitizing basin; or
• Automatic warewashing machine (Commercial grade dishwasher); and
• Separate hand-washing sink.

- E. A licensee shall ensure a kitchen or food preparation area has floors, walls, and counter surfaces that are easily cleanable and non-porous.
- F. A licensee shall ensure a camp has a refrigerator or coolers with icepacks to keep perishable food, including meals and snacks prepared at home, cold at 41 °F or colder, and food stored in a freezer frozen at 0 °F or colder.
1. A working thermometer must be in refrigerators and freezers.
 2. Unused freezer compartments in mini-refrigerators do not need a thermometer.

- G. A licensee shall ensure food provided and prepared by the camp complies with the camp's written policy on nutritional quality.
- H. A licensee shall ensure the food is clean, wholesome, free from spoilage and contamination, and safe to eat.
 - 1. Prepared food items must be correctly labeled with the contents and date of preparation.
 - 2. Prepared food that is served to a child and not eaten must be thrown away and not given to another child.
- I. Food storage areas and appliances must be cleanable and free of food particles, dust, and dirt.
 - 1. All food items must be stored off the floor.
 - 2. Food must be stored separately from cleaning materials.
 - 3. Food must be stored in closed or sealed containers that are labeled with the contents and expiration date.
- J. A licensee shall ensure the kitchen or food preparation area is constructed and supervised to prevent children's access unless a staff member is conducting an educational activity within this area.
- K. A licensee shall ensure that all food taken on a trip will not spoil without refrigeration and remains safe to eat. After four hours, a licensee shall ensure food without refrigeration is discarded.
- L. For a camp offering cooking classes, a licensee shall ensure the following:
 - 1. Children's hands are washed before they begin to prepare food and immediately after touching any raw meat, poultry, seafood, or eggs.
 - 2. Children are not permitted to wear loose clothing, and long hair that may catch fire or get caught must be secured while cooking.
 - 3. Pot handles are turned inwards.
 - 4. Children are informed about the dangers of touching hot items.
 - 5. Knives are only used by children under supervision by an adult.
 - 6. Children do not remove items from the oven without proper oven mitts and supervision.

44. Water

A licensee shall ensure sanitary drinking water is always available to children on their request or available for self-service as appropriate.

45. Toilet Facilities

- A. A licensee shall ensure a camp has enclosed toilet rooms. Each toilet room must have at least one sink supplied with hot and cold or tempered water under pressure and one operable window or ventilation fan. All door locks, if present, must be designed to permit staff members to open the locked door readily.
- B. A licensee shall ensure the camp has at least one working sink and one working toilet for every 25 campers.

1. Unless staff members have separate toilet facilities, they will be counted using the one toilet per 25 campers' ratio.
 2. Urinals may be counted as half of a toilet if placed at a height as to be accessible to the age and size of the population served, provided the population served includes a significant number of males, and that a minimum of two flush toilets are available and accessible to both males and females.
- C. A licensee shall ensure liquid soap, toilet paper, and paper towels or a mechanical hand dryer are available at all times in the toilet rooms.
- D. A licensee shall ensure toilet rooms have a covered trash can.
- E. A licensee shall ensure toilet rooms are kept in a sanitary condition and cleaned daily or more frequently if needed. All surfaces in a toilet room must be smooth, cleanable, and non-absorbent.

46. Soiled Clothing

- A. The licensee shall keep a supply of extra clothing available for campers when needed if not provided by a parent/guardian.
- B. A licensee shall ensure soiled or wet clothing is placed in a sealed plastic bag that is labeled with the child's name and sent home with the child at the end of the day.

47. Sanitation

- A. A licensee shall ensure that areas and equipment listed in subsection 47.B are washed with soap and water and then disinfected as required. For sanitizing and disinfecting, a licensee shall ensure one of the following is used: an EPA-registered product, a commercially prepared product, or a bleach and water solution. If a bleach and water solution is used, it must be prepared daily.
1. A licensee shall follow the manufacturer's instructions for use.
 2. These products must be labeled with the contents.
 3. Their instructions for use must be available at all times.
- B. A licensee shall ensure staff members wash with a soap and water solution and then disinfect the following equipment, items, or surfaces, as listed in the table in this subsection:

After Each Use:	At Least Daily:	At Least Weekly:
<ul style="list-style-type: none"> Food preparation and eating surfaces such as counters and non-porous tables; and 	<ul style="list-style-type: none"> Toilet and toilet seats; 	<ul style="list-style-type: none"> non-porous toys; and
<ul style="list-style-type: none"> Thermometers. 	<ul style="list-style-type: none"> Sinks and faucets; 	<ul style="list-style-type: none"> indoor play equipment.
	<ul style="list-style-type: none"> Drinking fountains; 	
	<ul style="list-style-type: none"> Water table and water play equipment; 	
	<ul style="list-style-type: none"> Play tables; and 	
	<ul style="list-style-type: none"> Smooth surfaced non-porous floors. 	

- C. A licensee shall ensure that after each use, mops are rinsed, disinfected, wrung dry, and hung to dry.

48. Hand Washing

A licensee shall ensure staff members and children wash their hands with soap and running water, including when gloves have been worn, and use paper towels or a mechanical hand dryer, as follows:

Before and After:	After:
<ul style="list-style-type: none"> Eating or handling food; 	<ul style="list-style-type: none"> Toileting;
<ul style="list-style-type: none"> Giving medications; 	<ul style="list-style-type: none"> Coming into contact with blood, fecal matter, urine, vomit, nasal secretions, or other body secretions;
<ul style="list-style-type: none"> Caring for a child who may be sick; 	<ul style="list-style-type: none"> Outdoor play;
<ul style="list-style-type: none"> Using a water-play or other sensory table/container with other children; and 	<ul style="list-style-type: none"> Handling or touching animals or their equipment or after coming into contact with an animal's body secretions;
<ul style="list-style-type: none"> Using shared play dough or clay. 	<ul style="list-style-type: none"> Cleaning; and
	<ul style="list-style-type: none"> Taking out the garbage.

49. First Aid Kits

A licensee shall have at least one complete first aid kit in a location accessible to staff members but not to children. A first aid kit must be taken on field trips.

First Aid Kit Requirements:	
<ul style="list-style-type: none"> Disposable non-porous gloves; 	<ul style="list-style-type: none"> Liquid soap;
<ul style="list-style-type: none"> Scissors; 	<ul style="list-style-type: none"> Bottled water;
<ul style="list-style-type: none"> Tweezers; 	<ul style="list-style-type: none"> Sterile gauze pads;
<ul style="list-style-type: none"> Flexible rolled gauze; 	<ul style="list-style-type: none"> Triangular bandage or sling;
<ul style="list-style-type: none"> Bandage tape; 	<ul style="list-style-type: none"> Pen/pencil and note pad;
<ul style="list-style-type: none"> Instant cold pack or frozen ice pack; 	<ul style="list-style-type: none"> Plastic bags for gauze and other materials used in handling blood; and
<ul style="list-style-type: none"> Eye patch or eye pad; 	
<ul style="list-style-type: none"> Safety pins; 	<ul style="list-style-type: none"> If going off-site, emergency and other needed medication; and If going off-site, list of emergency phone numbers, parents/guardians' home and work phone numbers, and the Poison Control phone number.
<ul style="list-style-type: none"> A non-glass thermometer to measure a child's temperature; 	
<ul style="list-style-type: none"> Current American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide; 	
<ul style="list-style-type: none"> Small plastic, metal, or wooden finger splints; 	
<ul style="list-style-type: none"> Non-medicated adhesive strip bandages; 	

50. Standard Precautions

A licensee shall ensure Standard Precautions are used to protect against disease and infection. Spills of bodily fluids (i.e. urine, feces, blood, saliva, and discharges from the nose, eyes, an injury, or other tissue) must be cleaned up immediately, as follows:

- A. For vomit, urine, and feces on a surface including the floors, walls, toilet rooms, tabletops, toys, the area must be immediately cleaned with soap and water and then disinfected.
- B. For blood, blood-containing fluids, and tissue discharges, a licensee shall ensure staff members avoid exposure of open skin sores or mucous membranes, wear non-porous gloves, clean the area with soap and water, and then disinfect the area.
- C. Bloody material must be put in a plastic bag, tied securely, and thrown away. Bloody clothing must be placed in a plastic bag, tied securely, and returned to the child's parent/guardian at pick up.
- D. Mops must be cleaned, rinsed, disinfected, wrung, and hung to dry.

51. Outdoor Area

- A. A licensee shall ensure the following:
 - 1. Structures, fences, equipment, and the grounds are maintained in a clean and safe condition;
 - 2. Outdoor areas that are used while it is dark have appropriate lighting;
 - 3. Grounds drain naturally or through installed drainage systems so there is no standing water on the premises. Standing water after a storm must drain within 48 hours;
 - 4. All areas determined to be unsafe including steep grades, cliffs, open pits, high voltage boosters, propane gas tanks, streets or roads, driveways, railroad tracks, or parking lots are fenced off, have natural barriers to protect children, or procedures to protect children when fencing or a natural barrier is not present;
 - 5. Uncovered wells, septic tanks, wastewater, wastewater tanks, below grade storage tanks, farm manure ponds or other similar hazards are inaccessible to children using a physical barrier with a locking mechanism;
 - 6. The growth of brush, weeds, grass and plants shall be controlled in central camp areas to prevent harborage of ticks, chiggers, and other insects of public health importance; and
 - 7. The camp area shall be maintained to prevent growth of ragweed, poison ivy, poison oak, and other noxious plants considered detrimental to health.
- B. A licensee shall ensure that raised areas on the premises, other than stairways, over two feet, such as porches, elevated walkways, and elevated play areas, have walls or barriers to prevent falls over the open side. The walls or barriers must be at least 36 inches tall.
- C. A licensee shall ensure stairways, over four steps indoors and outdoors, have handrails at a maximum height of 38 inches that are safe for children and adults.

- D. A licensee shall ensure when the activity schedule includes outdoor activities children have access to an outdoor play area with at least 75 square feet per child.
- E. A licensee shall ensure the outdoor play area is on-site, next to, or within a close safe walking distance of the camp.
 - 1. This play area must have a shaded rest area for children.
 - 2. Staff members shall inspect outdoor areas before children begin to play to ensure there are no hazards present and play equipment is safe for use.
 - 3. Outdoor sandboxes must be kept in a safe and clean manner including being covered when not in use. Other play areas containing sand must be kept in a safe and clean manner.
 - 4. Use of outdoor trampolines at the camp is prohibited.
- F. A licensee shall ensure the protective surface of the outdoor play area beneath and in the fall zones of climbing equipment, slides, swings, and similar equipment is of approved resilient material, which absorbs falls.
 - 1. A licensee shall ensure the fall zone depth and materials follow the instructions as listed in the most recent publication of the Consumer Product Safety Commission's (CPSC's) *Handbook for Public Playground Safety* regarding critical heights of tested materials located on CPSC's website. Only pea gravel shall be acceptable as cover for the outdoor play area if using a gravel or stone-like surfacing.
 - 2. A licensee shall ensure protective surfaces of the fall zone as listed in the chart in this subsection extend at least six feet in all directions from the equipment. For swings, a licensee shall ensure the protective surfacing extends, in back and front, twice the height of the suspending bar unless otherwise directed by CPSC or other recognized authority on playground safety.

Inches	Type of Material	Protects to Fall Height
6	Shredded/recycled rubber	10 feet
9	Sand	4 feet
9	Pea gravel	5 feet
9	Wood mulch	7 feet
9	Wood chips	10 feet
Poured-in-place surfacing or rubber mats designed for outdoor use, if used, must be in the required fall zone and at a sufficient depth or thickness as required by manufacturer's specifications or other approved entity.		

- G. A licensee shall ensure outdoor play equipment is securely anchored unless portable by design.
 - 1. A licensee shall ensure this play equipment is in good repair and placed with regard for safe use.

2. A licensee shall ensure this play equipment includes equipment for vigorous play and large muscle activity and meets the diverse needs and abilities of children served.
- H. A licensee shall ensure a rooftop or elevated play space above the first floor is protected by a non-climbable, secure, and hazard-free barrier that is at least seven feet in height.

52. Swimming Pools and Natural Swimming and Diving Areas

- A. A licensee shall ensure an individual currently certified as a Red Cross Lifeguard or a nationally recognized equivalent is on duty and supervising swimming activities.
- B. Non-filtered wading pools are prohibited.
- C. A licensee shall ensure permanent or built-in swimming pools, filtered wading pools, and hot tubs are inaccessible to children when not in use by using a physical barrier with a locking mechanism.
- D. A licensee shall ensure swimming, diving areas, and bathing places at the camp are operated and maintained in accordance with DPH regulations pertaining to swimming pools and bathing places.
- E. A licensee shall ensure life-saving equipment is readily accessible during water activities if a pool or body of water is six feet or more in any direction and two feet or more in depth. Life-saving equipment may include a ring buoy and rope, a rescue tube, or a throwing line and a shepherd's hook that will not conduct electricity.
- F. For a camp that uses a natural diving or swimming area, a licensee shall ensure the following:
 1. Hazards are assessed and eliminated or clearly marked before a camper swims, dives, or bathes at a natural diving or swimming area;
 2. Swimmers are not subjected to a dangerous condition such as a strong current, a sharp drop-off, a quicksand bottom, or rough surf;
 3. Water is free from known dangerous aquatic life;
 4. The bottom is free from known hazardous debris, sharp stones, and sharp shells;
 5. Swimming, diving, and boating areas are clearly marked or roped off; and
 6. Diving and swimming programs are conducted at separate times or in separate areas from boating programs.

53. Campfires

- A. A licensee shall ensure that campfires are only created in a fire pit or structure that is designed for the express purpose of safely containing a campfire. The perimeter of the fire pit must be defined and clearly visible to children, such as by rocks, a metal ring, or bricks.
- B. A licensee shall ensure campfires are not located within 50 feet of any building.
- C. A licensee shall ensure there is a clearly visible boundary at least three feet away from the outer edge of the fire pit or structure containing the fire.

1. This boundary may be defined by a rope, large rocks, or seating area of logs or camp chairs.
 2. The area within the three-foot boundary must:
 - a. At all times be clear of tripping hazards such as bags or other materials; and
 - b. Have space between the logs, camp chairs, or other seating so that children and adults may easily move in and out of the seating area.
- D. A licensee shall ensure campfires are built and extinguished according to safe fire practices provided by the U.S. Forest Service at:
<https://smokeybear.com/en/prevention-how-tos/campfire-safety>.
- E. A licensee shall ensure that campfires are not built during periods of high fire danger in the area.

54. Optional Specialized Activities

- A. A licensee offering archery activities shall meet the following requirements:
1. For a camp offering archery activities, a licensee shall ensure the archery range is:
 - a. Located where a camper will not wander into the danger area while it is in use;
 - b. Clearly marked to warn individuals away from the danger area; and
 - c. The shooting area has at least 50 yards of clearance or an archery net behind each target.
 2. A licensee shall ensure the instructor inspects bows, bowstrings, and arrows to ensure they are in good repair before use.
 3. A licensee shall ensure the instructor requires archers to fire from a common firing line with a ready line marked behind it.
 4. A licensee shall ensure targets are set a distance from the firing line that is appropriate to the skill level of the camper.
 5. A licensee shall ensure the instructor only allows an archer who is ready to shoot on the firing line and non-shooters are behind the ready line.
 6. A licensee shall ensure an individual stays behind the firing line at all times except when told by the instructor to retrieve an arrow or target.
 7. A licensee shall ensure the bows and arrows are stored in a locked enclosure.
 8. A licensee shall ensure the instructor requires that children:
 - a. Do not point the bow with an arrow at someone else;
 - b. Do not fire until directed to do so;
 - c. Do not draw and release an empty bow; and
 - d. Always point arrows down range.
- B. A licensee offering boating or other watercraft activities shall meet the following requirements:

1. A licensee shall ensure that each person wears a Personal Flotation Device approved by the U.S. Coast Guard for that particular activity while on the water.
 2. A licensee shall ensure campers have at least an American Red Cross Advanced Beginner Swimming Certificate, American Red Cross Survival Swimming Certificate, or its equivalent before being allowed to participate in salt water boating activities.
 3. A licensee shall ensure that each watercraft is in good repair before use.
 4. A licensee shall ensure a watercraft towing a water skier, tuber, or towable has an adult observer on board in addition to the driver.
 - a. Ropes used to tow must be at least 100 feet in length.
 - b. A licensee shall ensure the operator keeps a safe distance from docks, other boats, bulkheads, and shorelines when towing someone behind a boat.
 5. A licensee shall ensure an individual using a watercraft has been trained in boarding, debarking, and safety procedures for the craft.
- C. A licensee offering horseback riding activities shall meet the following requirements:
1. A licensee shall ensure a riding instructor determines a camper's riding experience and level of skill before assigning a horse and deciding whether the camper rides in a ring or on a trail.
 2. A licensee shall ensure a rider wears:
 - a. Protective headgear at all times that is properly fitted and fastened and bears the label of the American Society for Testing and Materials (ASTM); and
 - b. Shoes with closed toes and heels or shoes with closed toes and uses closed stirrups.
 3. A licensee shall ensure the instructor inspects the riding areas to ensure there is no dangerous terrain and is present during the activity.
 4. A licensee shall ensure the instructor requires that:
 - a. Children are fitted for proper saddles; and
 - b. Children are informed that sudden unexpected movements, loud sudden noises, large crowds, other animals, wasp and other insects, and camera flashes can frighten a horse and lead to injuries by being thrown off or being kicked by a horse.
- D. A licensee offering rock climbing or high ropes activities shall meet the following requirements:
1. A licensee shall ensure children wear appropriately sized harnesses, close-toed shoes, and helmets to participate.
 2. A licensee shall ensure the instructor inspects the course, harnesses, and helmets to ensure they are in good repair and safe for use.

3. For high ropes activities, a licensee shall ensure children are not permitted to participate if they cannot reach the top rope or cable while standing on the bottom rope or cable.
- E. For a camp offering any other activity not listed that could be considered high-risk of injury to children, a licensee shall contact OCCL in advance of permitting the activity to determine whether additional safety measures are required.

55. Riding Toys

- A. A licensee shall ensure bicycles, scooters, and other riding toys that are the appropriate size for the child.
- B. A licensee shall ensure riding toys are in good condition, free of sharp edges or protrusions that may injure a child, and not motorized.
- C. A licensee shall ensure children wear approved safety helmets while riding bicycles and using wheeled equipment (roller blades, skateboards, scooters, etc.).
 1. A licensee shall ensure children do not share helmets unless cleaned between users by wiping the lining with a damp cloth.
 2. A licensee shall ensure children remove their helmets as soon as children stop riding wheeled equipment.

56. Pets and Domestic Animals

- A. A licensee shall ensure pets, horses, or other domestic animals kept by or located on the camp's premises are cared for in a safe and sanitary manner.
- B. A licensee shall keep proof of vaccination as required by State law (currently this is rabies vaccinations for dogs and cats).
- C. A licensee shall not keep animals as pets that are poisonous or aggressive or that are known to be carriers of illnesses, such as ferrets, turtles, iguanas, lizards or other reptiles, psittacine birds or birds of the parrot family, or animals who are sick with a disease that may be spread to humans.
- D. A licensee shall ensure pets and animals do not come into contact with children's food, while it is prepared or served.
- E. A licensee shall ensure that children do not have access to animal waste or litter boxes.
- F. A licensee shall inform parents/guardians of animals or pets kept or brought into the camp.
- G. Children may handle animals only with adult supervision.
- H. Horses and other domestic animals shall not be permitted at the pool or food service areas.

57. Stable Sanitation

- A. A licensee shall ensure horses or other farm animals are not permanently quartered within 500 feet of living quarters, kitchens, or other places where food is prepared, cooked, or served.

- B. A licensee shall ensure a temporary shelter, corral, tie-rail, or hitching post is not located within 200 feet of dining hall, kitchen, or other place where food is prepared, cooked, or served.
- C. A licensee shall ensure the stable area has toilet facilities for campers, employees, and visitors if toilet facilities are not conveniently located nearby.
- D. A licensee shall ensure manure is not allowed to remain for more than 24 hours at temporary shelters, corrals, tie-rails, or hitching posts.
- E. A licensee shall ensure manure from permanent and shelter quarters is removed at least twice weekly. Interim storage shall be in fly-tight enclosures or an area isolated from camp activity.
- F. A licensee shall ensure adequate measures are taken at all times to keep fly, mosquito, and rodent populations to a minimum.

58. Transportation

- A. Use of a vehicle, other than a school bus, with a rated capacity as defined by the manufacturer, to carry more than 10 passengers in addition to the driver to transport children is prohibited. A licensee shall ensure 12-15 passenger vans are not used to transport children. Passenger includes the driver.
- B. A licensee shall ensure when transporting children that the driver, when volunteering or employed by the camp, and vehicle, when owned or leased by the camp, comply with all applicable federal and State laws.
 - 1. The driver shall be at least 21 years old.
 - 2. The driver shall have a valid driver's license that authorizes the driver to operate the vehicle being driven.
 - 3. The driver shall have a comprehensive background check confirming eligibility to be alone with children during transport.
 - 4. The driver may not transport more children and adults than the vehicle's capacity.
- C. A licensee shall ensure that companies contracted by the camp to provide transportation services to children follow applicable State and federal laws.
- D. A licensee shall ensure each child is secured in an individual safety restraint system appropriate to the age, weight, and height of the child at all times while the vehicle, other than a school bus, is in motion.
 - 1. Safety restraints must be federally approved and labeled according to the applicable Federal Motor Vehicle Safety Standard.
 - 2. Child safety restraints must be installed and used as determined by the manufacturer and vehicle's instruction manual.
 - 3. Safety restraints must be kept in a safe working condition and free of recall.

- E. A licensee shall ensure vehicles used to transport children have and use the following:

Vehicle Requirements:	
•	A working heater capable of keeping an interior temperature of at least 50 °F;
•	Air-conditioning to reduce the interior temperature when it exceeds 82 °F (school buses are exempt);
•	A working phone;
•	Flares;
•	Reflectors;
•	A first aid kit; and
•	A dry chemical fire extinguisher approved by Underwriters Laboratory.

- F. A licensee shall ensure children are loaded and unloaded at the vehicle's curbside or in a protected parking area or driveway.
- G. A licensee shall ensure all doors are locked when the vehicle is moving.
- H. A licensee shall have written parent/guardian permission for transportation provided by the camp.
- I. A licensee shall ensure children are never alone in the vehicle and that the vehicle is visually checked at the final location so that no child is left behind.
- J. A licensee shall ensure children's heads and limbs remain inside the vehicle during transport.
- K. A licensee may not transport children in the open back of a truck.

59. Field Trips

- A. A licensee shall have and follow a plan to keep track of children at all times during field trips.
- B. A licensee shall have written parent/guardian permission before taking a field trip. The permission must state the location and date of the trip and the type of transportation, if applicable.
- C. Medical consent forms and emergency contact information for all children, a first aid kit as described in these regulations, and a working phone must accompany staff on trips and outings. Children must have tags or other means of providing the camp's name and phone number.

PART V OVERNIGHT REQUIREMENTS

60. Sleeping Accommodations

- A. A licensee shall ensure in all permanent buildings, structures, or tents, children and staff members are provided a minimum of 50 square feet of floor area per person for sleeping space with at least two feet between each bunk.
- B. A licensee shall ensure each child is provided with a bed, cot, or bunk with a mattress and sturdy frame that is at least 12 inches off the floor.
- C. A licensee shall ensure mattresses are clean, vermin- and insect-free, non-porous, and cleaned and disinfected before another camper uses the mattress.

- D. A licensee shall ensure that buildings used as sleeping quarters have a minimum ceiling height of seven feet.
- E. A licensee shall ensure that where double-deck bunk beds are used there is at least 27 inches from the top bunk to the bottom bunk and a minimum of 36 inches from the top bunk to the ceiling.
- F. A licensee shall ensure campers have their own space for clothing and personal belongings.

61. Bathing and Hand-Washing Facilities

- A. A licensee shall ensure that hand-washing facilities are located within 300 feet of each building or structure used for sleeping.
- B. A licensee shall ensure that one hand-washing unit is provided for every 25 campers.
- C. A licensee shall ensure one showerhead is provided for every 15 campers.
 - 1. Shower heads must be spaced at least 30 inches apart to provide a minimum of 6 square feet of floor area per unit.
 - 2. Hot and cold or tempered water must be supplied to a shower.
 - a. Whenever hot water is supplied, the hot water temperature must be maintained between 90 °F and 120 °F.
 - b. A water heater must be equipped with the following:
 - 1) Pressure relief valve and high-temperature limit control;
 - 2) Vacuum relief valve; and
 - 3) Anti-scald protection on a hot water line going to a shower or bathtub.
- D. A licensee shall ensure a shower wall and ceiling is constructed of solid, nonabsorbent, and easily cleanable materials.
- E. A licensee shall ensure a shower floor is:
 - 1. Constructed of nonabsorbent, skid resistant, easily cleanable materials; and
 - 2. Constructed to slope toward proper floor drains, with provisions to prevent pooling of water or overflow to adjacent floor areas.
- F. A licensee shall ensure a shower partition or shower curtain is provided to prevent splash from stall-type showers.
- G. A licensee shall ensure a soap storage area or non-glass soap dish is provided adjacent to a showerhead.
- H. A licensee shall ensure a dry dressing space with clothes hanging facilities is provided at a shower facility.
- I. A licensee shall ensure a non-absorbent wall, extending from the floor to the ceiling or roof, separates facilities for both sexes in the same building.
- J. A licensee shall ensure facilities are plainly designated boys or girls using universal symbols or words.
- K. A licensee shall ensure a shower room is provided with a door or sight barriers to afford privacy.

- L. A licensee shall ensure children's privacy is preserved while they are bathing or showering. A staff member shall be immediately available to ensure the child's safety.

Appendices

s

Appendix I: License Application

OFFICE USE ONLY

Date assigned: _____
Licensing specialist: _____
Supervisor: _____

STATE OF DELAWARE
DEPARTMENT OF EDUCATION
OFFICE OF CHILD CARE LICENSING (OCCL)
YOUTH CAMP
LICENSE APPLICATION

**Please Print
all responses.**

Date received: _____

Before completing this application, review *DELCARE: Regulations for Youth Camps*. Answer all applicable questions and attach all required application materials/documents.

- The applicant is the individual owner or entity, such as a company, corporation, business, school district, or agency seeking a license to operate a youth camp. The individual owner, president of the corporation, managing member of the LLC, superintendent of a school district or equivalent officer, or head of the agency, must sign the application in section G or provide written authorization allowing the designated representative to sign.
- The “camp” is the legal name by which the camp will be known.
- The “designated representative” means the person who has been assigned by the licensee, company, corporation, business, school district, or agency to act on his, her, or its behalf and granted authority over program operations and to represent him, her, or it in dealings with OCCL. This person may sign the application with written authorization from the applicant.
- The “entity” is the company, corporation, business, school district, or agency that is responsible for and has authority over the operation of the camp.

Applications must be submitted at least 60 days in advance of the anticipated opening date.

SECTION A – Identification

Applicant Name: _____ If an individual, will this person be on-site or have access to children in care? ☐ Yes ☐ No

Phone #: _____ Cell phone #: _____ Email: _____

Camp Name: _____

Phone #: _____ Fax #: _____ Business Email: _____

Mailing Address: _____
(street) (city) (county) (state) (zip)

Camp Location: _____
(street) (city) (county) (state) (zip)

Inclement Weather Location (if not located at the camp’s location):

(street) (city) (county) (state) (zip)

Designated representative name, if applicable: _____ Will individual be on-site or have access to children in care? ☐ Yes ☐ No

Cell phone #: _____ Email: _____

CHU contact

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment.

CHU contact name: _____ Email: _____

SECTION B – Information for Individual Owner or Corporation, LLC, Agency, or School Information

Please submit as applicable:

- ☐ DE State business license
- ☐ Proof of non-profit status (for example, letter of tax- exempt status or 501(c)(3) documents)
- ☐ Certificate of Incorporation or LLC
- ☐ DE DOE School Registration # _____

Name: _____ Type: ☐ Individual ☐ Corporation ☐ Agency
☐ Limited liability company (LLC) ☐ School

Address: _____
 (street) (city) (state) (zip)

Phone #: _____ Fax #: _____ Email: _____

1. If entity is an LLC, list below a name, address, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.
3. If entity is an agency or a school district, list below a name, address, and phone number for the designated representative.

For corporation: officers For LLC: managing member For agency or school district: designated representative	Title	Address	Email	Will this person be on-site or have access to children in care?	
				No	Yes

Appendix I: License Application

SECTION C – References for the Applicant (individual owner, president of the corp., managing member of the LLC, head of agency, or superintendent of the school district)

List three individuals who are not related to the applicant. If the applicant has no previous work history in the last five years, list five individuals. These individuals must be able to verify that the applicant is of good character and reputation, respects and understands children, and is sensitive to meeting children's needs. **OCCL will contact these references.**

Name	Address	Telephone/Email

SECTION D – Previous Licensure

Has the applicant been previously licensed to care for children in DE or any other state? ☐ No ☐ Yes

If yes, specify state and type of license: _____

List the name and address of the licensed facility/home/youth camp and the dates of approval/licensure.

Has the applicant or any person listed in Section B ever had an application or license to provide care for children in DE or any other state denied, revoked, suspended, withdrawn, or placed on probation? ☐ No ☐ Yes

If yes, list the name and address of the facility/home/youth camp and the type and date of action.

SECTION E – Program Information

Anticipated Dates of Operation: (Example: June 12, 2021- August 31, 2021)

_____ to _____

Hours of Operation:

Open: _____ a.m. – Close: _____ p.m. or a.m. (circle one) ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Days of operation:

Ages of Children Accepted: (use “kindergarten” for 5-year-olds who have completed kindergarten. Otherwise, use exact ages.)

(Example: From kindergarten to 12 years From _____ to _____)

Program components: Mark all that apply.

☐ Accepts Purchase of Care Provides Transportation: ☐ field trips ☐ daily ☐ other

☐ Enrolled in Food Program (CACFP) agency: _____

☐ Camp prepares and serves meals and snacks

☐ Camp prepares and serves snacks only

☐ Camp requires parents/guardians to provide meals and snacks

☐ Day Camp (day camp permit required from Public Health)

☐ Overnight (recreational permit required from Public Health)

☐ Specialized Activity ☐ Yes or ☐ No

If yes, indicate activities ☐ horseback riding ☐ archery ☐ ropes course ☐ boating/water craft ☐ other: _____

☐ Primarily Outdoor Camp: indoor area use is limited or used during inclement weather

☐ Indoors Camp and Outdoors Camp: all children use the outdoor area at the same time

☐ Indoors and Outdoors Camp: all children do not use the outdoor area at the same time

☐ Provides Transportation: ☐ Field trips ☐ daily ☐ other: _____

Appendix I: License Application**SECTION F – Staffing** (attach an additional sheet if needed)

Legal name	Employee title/position	DE FIRST certificate, if any	Date of birth	Race

Volunteers (attach an additional sheet if needed)

Legal Name	Date of birth	Race

SECTION G – Applicant Certification and Signature

- I have read and understand *DELACARE: Regulations for Youth Camps*.
- I understand that the Department of Education, Office of Child Care Licensing, is required under Delaware Code, Title 14 , §§3001A-3005A to make a thorough investigation to determine the good character and intention of the applicant or applicants; the present and prospective need of the service rendered; that capable, qualified workers will be employed; that there is sufficient financial backing to ensure effective work; that there is a probability of the service being continued for a reasonable period of time; that the methods used and disposition made of the children served will be to their best interests and that of society; and that the required criminal background checks are completed and approved.
- I agree that identifying information, including my name, address, and contact information, license status, enforcement action, non-compliances, and substantiated complaints will be made available to the public through a variety of means, including via the OCCL website.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, and members of the child care staff do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual offense; or gross irresponsibility or disregard for the safety of others. I also certify that to the best of my knowledge the board members and officers of the corporation who have direct access to the children do not have any conviction, current indictment, or current arrest involving violence against a person; child abuse or neglect; sexual offense; or gross irresponsibility or disregard for the safety of others. I further certify if I gain knowledge of any convictions, current indictments, or current arrests involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge each member of the child care staff has not been diagnosed or is not under any treatment for any serious mental illness that limits the person's ability to perform child care or have access to children that cannot be addressed by a reasonable accommodation. I also certify to the best of my knowledge child care staff members do not have an addiction to drugs or alcohol. I further certify if any of the above incidents occur, involving child care staff members, I will promptly notify OCCL.
- I agree to comply with all federal, state, and local laws and regulations.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in suspension, revocation of the license, or denial of a license application.

Signature of applicant_____
Date**Notice: See the definition of “applicant” on page 1 for guidance on who may sign.**_____
Print name and title
STATE OF _____)
: SS
COUNTY OF _____)

Signed and attested before me this _____
Date

Signature of notarial officer_____
Print name

(seal)

APPENDIX II: VARIANCE REQUEST



DEPARTMENT OF EDUCATION
Office of Child Care Licensing

New Castle County:
3411 Silverside Road, The Concord, Hagley Building
Wilmington, DE 19810
Phone: (302) 892-5800 Fax: (302) 633-5112

Kent & Sussex Counties:
821 Silver Lake Boulevard, Suite 103
Dover, DE 19904
Phone: (302) 739-5487 Fax: (302) 739-6589

Youth Camp Variance Request (one request per form)

Name	Title	Date
------	-------	------

Facility Name	License #
---------------	-----------

Facility Address	Email Address

Variance requested for regulation number: _____

Ages and Number of Children Affected:

A. Licensed capacity: _____

C. Ages of children served: _____

B. Current enrollment: _____

D. Days and hours of operation: _____

Time period requested for variance:

Provide detailed responses to items 1 through 4.

1. Reason variance is being requested:

2. Describe alternative method proposed for meeting intent of the regulation:

APPENDIX II: VARIANCE REQUEST

3. Reason this variance should be granted:

4. Possible adverse effect on children in care if variance is approved:

Office of Child Care Licensing use only

Signature: _____

(My signature attests that the above information is true to the best of my knowledge.)

Date: _____

Recommendation(s)/Conditions: _____

DETERMINATION:

- ☐ Approved as submitted
- ☐ Approved with the conditions as described above
- ☐ Denied as described above

Director, Office of Child Care Licensing

Date

(Permanent Variance) Associate Director of Early Childhood Support

Date

APPENDIX III: CHILD MEAL PATTERNS

Child Meal Patterns

Breakfast (Select all three components)		
Food Components and Food Items	Age 5	Ages 6-12
Fluid Milk¹	6 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both²	½ cup	½ cup
Grains (oz eq)³		
Whole grain-rich or enriched bread	½ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)		
Flaked or rounds	½ cup	1 cup
Puffed cereal	¾ cup	1¼ cup
Granola	⅛ cup	¼ cup

Lunch and Supper (Select all five components)		
Food Components and Food Items	Age 5	Ages 6-12
Fluid Milk¹	6 fluid ounces	8 fluid ounces
Meat/meat alternatives		
Lean meat, poultry, or fish	1 ½ ounce	2 ounces
Tofu, soy products, or alternate protein products	1 ½ ounce	2 ounces
Cheese	1 ½ ounce	2 ounces
Large egg	¾	1
Cooked dry beans or peas	¾ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	3 tbsp	4 tbsp
Yogurt, plain or flavored, unsweetened or sweetened	6 ounces or ¾ cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts, or seeds (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	¾ ounce = 50 %	1 ounce = 50 %
Vegetables²	¼ cup	½ cup
Fruits²	¼ cup	¼ cup
Grains (ounce equivalents)³		
Whole grain-rich or enriched bread	½ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	½ cup

¹ Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children ages two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old or older.

² Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snacks, per day.

³ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

APPENDIX III: CHILD MEAL PATTERNS

Child Meal Patterns

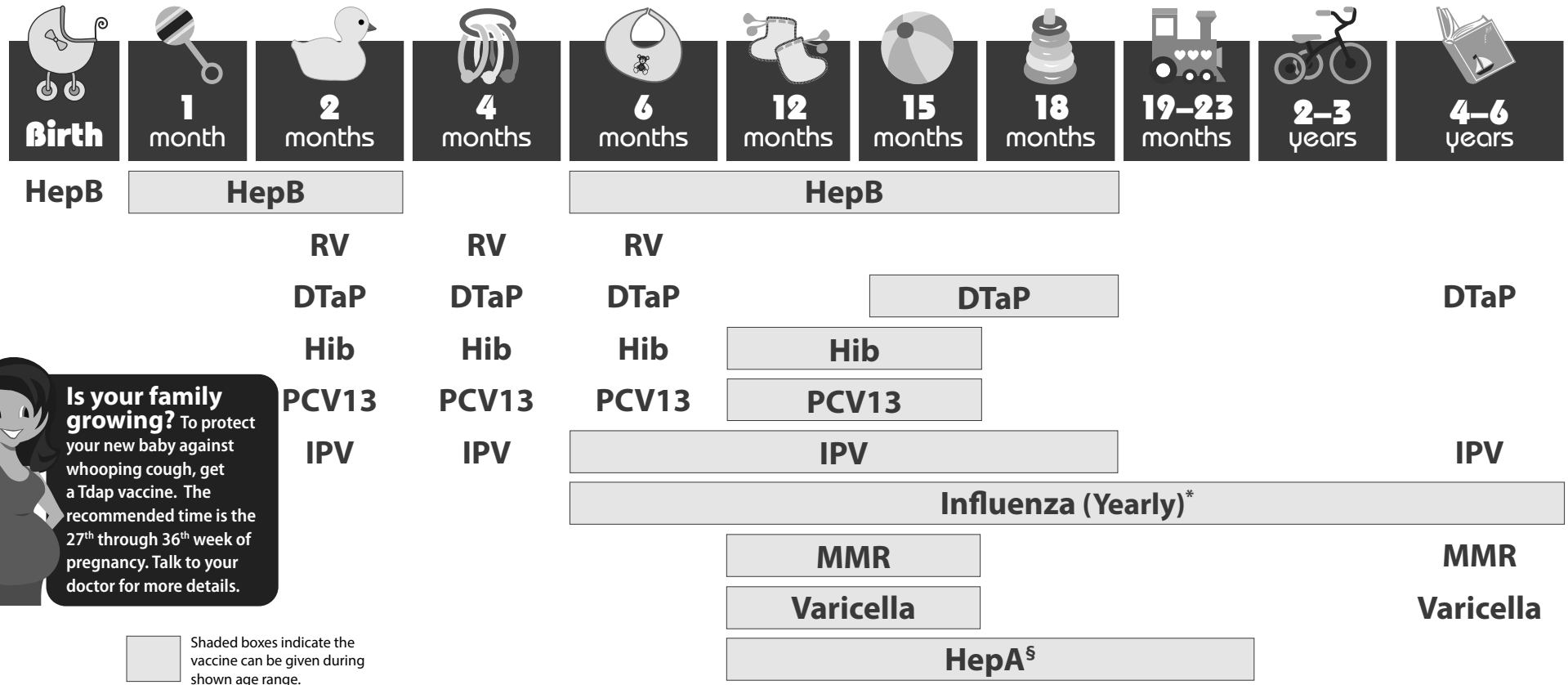
Snack (Select two of the five components)		
Food Components and Food Items	Ages 5	Ages 6-12
Fluid Milk¹	4 fluid ounces	8 fluid ounces
Meat/meat alternatives		
Lean meat, poultry, or fish	½ ounce	1 ounces
Tofu, soy products, or alternate protein products	½ ounce	1 ounces
Cheese	½ ounce	1 ounces
Large egg	½	½
Cooked dry beans or peas	⅛ cup	¼ cup
Peanut butter, soy nut butter, or other nut or seed butters	1 tbsp	2 tbsp
Yogurt, plain or flavored, unsweetened or sweetened	2 ounces or ¼ cup	4 ounces or ½ cup
Peanuts, soy nuts, tree nuts, or seed	½ ounce	1 ounce
Vegetables²	½ cup	¾ cup
Fruits²	½ cup	¾ cup
Grains (ounce equivalents)³		
Whole grain-rich or enriched bread	½ slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll, or muffin	½ serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal, cereal grain, and/or pasta	¼ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold)		
Flaked or rounds	½ cup	1 cup
Puffed cereal	¾ cup	1 ¼ cup
Granola	⅛ cup	¼ cup

¹ Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children ages two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old or older.

² Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snacks, per day.

³ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

2021 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

* Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.

§ Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Last updated February 2021 • CS322257-A

Talk to your child's doctor or nurse about the vaccines recommended for their age. COVID-19 vaccination is recommended for some adolescents.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
7-8 Years											
9-10 Years											
11-12 Years											
13-15 Years											
16-18 Years											

More information:

Everyone 6 months and older should get a flu vaccine every year.

All 11- through 12-year olds should get one shot of Tdap.

All 11- through 12-year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.

All 11- through 12-year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.

Teens 16–18 years old **may** be vaccinated with a serogroup B meningococcal (MenB) vaccine.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/.



This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Human Papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Meningococcal Disease	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Mumps	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Pneumococcal Disease	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Rubella	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	Tdap* and Td ** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

*Tdap combines protection against diphtheria, tetanus, and pertussis.

**Td combines protection against diphtheria and tetanus.

***MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.

**State of Delaware
Office of Child Care Licensing
ADMINISTRATION OF MEDICATION
SELF-STUDY TRAINING GUIDE**

The Nurse Practice Act allows child care providers to administer medication to children in child care facilities regulated by the State. The law allows child care providers to give prescription and non-prescription medication, as long as a parent/guardian has given written permission and the child care provider giving the medication successfully passed the Administration of Medication test on the information found in this training guide.

MEDICATION ADMINISTRATION EXAM AND DEMONSTRATION OF SKILLS COMPETENCY

- Child care providers must score at least 85% on the test to receive the administration of medication certificate.
- If you do not receive a passing grade, you will need to contact OCCL to register to take the test again. A fee is charged each time you take the test.
- Your certificate is valid for five years.
- You must keep the original certificate as proof that you passed the test. OCCL does not keep copies of these certificates.
- This certificate is valid only in Delaware licensed family and large family child care homes and in Delaware licensed early care and education and school-age centers.

Course Overview

Module I: Legal Responsibilities, Administration of Medication, and the “Six Rights” of Medication

- Legal and ethical responsibilities;
- Administration of medication by child care providers; and
- “Six Rights” of Medication Administration.

Module II: Classification and Use of Medication

- Classification of medication; and
- Using, misusing, and abusing medication.

Module III: Preparation for Administration of Medication

- Requirements;
- Properly labeled prescription;
- When not to administer medication;
- Refusal of medication;
- Proper use of medication.

Module IV: Medication Administration Procedures

- General procedures for medication administration;
- Specific procedures for medication administration; and
- Medication techniques for infants/toddlers.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

Module V: Medication Administration Record (MAR) Documentation, Medication Errors, and Avoiding Medication Errors

- Documentation on the Medication Administration Record (MAR);
- Medication Errors; and
- Avoiding Medication Errors.

Module VI: Medication Effects

- Three basic effects of major medication groups; and
- The Adverse Effects of Medication.

Module VII: Emergency-Use Medication

- Administering Diastat® for seizures;
- Administering an EpiPen® for anaphylaxis; and
- Diabetes maintenance and administering Glucagon®

Module VIII: Storage and Disposal of Medication

- Storage of medication; and
- Disposal of medication.

MODULE I: LEGAL RESPONSIBILITIES, ADMINISTRATION OF MEDICATION, AND THE “SIX RIGHTS” OF MEDICATION

A. Legal and Ethical Responsibilities

Many children enrolled in child care programs require medication while away from home. The number of children with complex health conditions is increasing. You should be familiar with both applicable federal and state laws and state child care licensing regulations for administering medications to children in early care and education settings. When administering medications, you are legally responsible for making sure medications are properly labeled and in the original containers. An understanding of federal and state laws and Office of Child Care Licensing (OCCL) regulations is necessary to reduce the potential liability issues of medication administration in the child care setting.

Delaware code permits OCCL to allow adults working in child care facilities to administer medication to children after successful completion of the approved medication certification test. When administering medication, OCCL expects you to act in a manner that protects the child from harm. A basic understanding of the medication that you are giving is important to the child’s overall well-being. Therefore, you must receive the required information regarding a medication to carry out your role in the safest manner.

The Americans with Disabilities Act (ADA) is a federal law that allows a child with special health care needs to have reasonable accommodations so they can be included in early care and education settings. Early learning professionals play a key role in allowing children who are not acutely ill to attend child care outside the home, as required by ADA.

OCCL expects from both a legal and ethical standpoint that you will not knowingly participate in practices that are outside of your legally permissible role or that may endanger the well-being of the child.

B. Administration of Medication by Child Care Providers

In addition to becoming certified to administer medication, you as the child care provider, by law, must meet two other conditions before giving medication:

1. A parent/guardian must complete the OCCL Medication Administration Record (MAR) for each prescription and non-prescription medication that you are to give the child. This will give you the child's name, the name of the medication, the proper dosage, the time(s) the medication is to be given, and the route by which the medication is to be given.
2. By federal and state law and regulation, all prescription and non-prescription medication must be in its original container with a label that contains all necessary information, including the instructions for how to give it.

A school-aged child may self-administer medication with written permission from his or her parent/guardian and his/her health care provider's authorization. This authorization must be completed by the health care provider, signed by the parent/guardian, and on file with the MAR. This authorization must be renewed annually and as needed. Reviews and changes shall be written, dated, and signed by the parent/guardian and health care provider. The documentation from the health care provider must state the child is able to complete the following:

- Safely self-administer the prescribed medication;
- Identify and select the correct medication and dosage, if applicable; and
- Administer the medication at the correct time and frequency.

The medication may not be shared with any other children. Self-administration of medication must be recorded on the MAR. If the child uses the medication inappropriately or more often than prescribed, the parent/guardian must be notified immediately.

C. "Six Rights" of Medication Administration

You must be certain you are giving the right medication to the right child in the right amount at the right time using the right route and have the right documentation. Each time you give a medication, you must carefully check your procedure against these six rights:

1. **RIGHT CHILD:** Confirm you have the right child. If you are not certain you have the right child, STOP. Seek help from another staff member who is familiar with the child or call the parent/guardian.
2. **RIGHT MEDICATION:** Compare the MAR with the pharmacy/packaging label and make sure they match.
3. **RIGHT DOSAGE:** Compare the MAR and pharmacy/packaging label to make sure they list the same dosage. Carefully measure or count the correct dosage AND compare this amount with the pharmacy/packaging label.
4. **RIGHT TIME:** Check the label on the medication container and follow the MAR. When prescribing a medication, the health care provider will list how often the child is to take the medication.
5. **RIGHT ROUTE:** Read the label on the medication and compare it to the MAR. The following are routes of administration:

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

- Oral – by mouth
 - Topical – placed directly on the skin
 - Otic – ear drops placed into ear canal
 - Nasal – nose drops/spray dropped or sprayed into the nostril
 - Optic – placed in the eye
 - Inhalation – using a nebulizer or inhaler
 - Injection – using a syringe, pen, or electronic infusion device
 - Rectal – inserted into rectum
6. **RIGHT DOCUMENTATION:** Document when each medication is given. It provides communication between individuals who care for children. The MAR is a legal document that verifies whether or not someone administered a medication(s). (Remember, if a medication has been given but not documented, there is a potential for overdosing.)

MODULE II: CLASSIFICATION AND USE OF MEDICATION

A. Classification of Medication

1. Prescription Medication

This group includes all medications that a qualified health care provider must order and only a health care provider or pharmacist provides. A health care provider prescribes a prescription drug to treat one person for a specific condition. It is very important that medications are:

- Kept in a storage area inaccessible to children; and
- Returned to the parent/guardian for proper disposal.

2. Non-Prescription Medication

Non-prescription medication is also called “over-the-counter” (OTC) medication. People can purchase OTC medication without a prescription. Common OTC medications include diaper cream, sunscreen, pain relievers which include acetaminophen such as Tylenol® or ibuprofen such as Advil® and Motrin®, and certain cold remedies like Dimetapp®, and Robitussin®. OTC medication is to be used for specific reasons. The label lists the symptoms that the medication was designed to treat. Guidance from a doctor is a good idea, but not required when using OTC medication.

B. Using, Misusing, and Abusing Medication

1. Using medication is appropriate when:

- The health care provider has prescribed the medication for the person taking it.
- The person takes the correct amount prescribed by the health care provider, or as directed by the label for OTC medication.
- The person takes the medication at the proper times for the number of days shown on the label.
- The right child receives the right medicine at the right time in the right dose by the right route and then the child care provider correctly documents this information.

2. Misusing medication occurs when:

- A person takes medication prescribed for someone else.
- A person changes the amount of the medication dosage.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

- A person does not take the medication at the correct time(s) or for the length of time required.
 - A person keeps unused medications beyond the expiration date for “future” use.
 - A child does not take the medication as prescribed by a health care provider because the child care provider violated at least one of the “Six Rights” of Medication Administration.
3. Abuse of medication occurs when:
- A person gets prescriptions from several different doctors for the same false symptoms.
 - A person intentionally takes medication to such an extent that he/she is unable to function and has strange behavior.
 - A person takes medication repeatedly to experience effects that are not those intended by the health care provider.

MODULE III: PREPARATION FOR ADMINISTRATION OF MEDICATION

A. Requirements

Before being able to give medication, the following information must be available:

1. There must be written parent/guardian permission to give the specific medication. This written permission must be in the form of a signed Medication Administration Record (MAR). Parent/Guardian permission in any other form is not acceptable.
2. The prescription medication label must be clear, with proper directions, and list the name of the child receiving the prescription. The medication must be in its original container.
3. In the case of over-the-counter (OTC) medication, the label must be clear so that directions for use, dosage, and storage are readable. When a parent requests an OTC medication be used for a child under two years old, but the medication is not to be used for this age group, a health care provider’s note explaining the amount to give and how often to give medication must accompany the container.

B. Properly Labeled Prescription

The prescription is a written order from the doctor to the pharmacist. The pharmacist provides the medication in a container that has a pharmacy label. The label should contain at least as much information as the doctor’s prescription.

Below are examples of a proper pharmacy label and an explanation of the information on the label:

Line 1	Pharmacy’s Phone Number, Name, and Address		
Line 2	Name of the person for whom the medication is intended and date prescribed		
Line 3	Name of medication, strength of each capsule, and number of capsules in the container		
Line 4	Directions for taking the medication		
Line 5	Prescription number and the health care provider’s name		
Line 6	Number of times a person may renew the medication without a new prescription		
Line 7	Expiration date: (It is unsafe to take some medications after a certain time. If the medication has an expiration date, it should appear on the pharmacy label.)		
Line 1	432-7107	My Pharmacy	732 S. Ocean Street Town, Delaware 19XXX
Line 2	Tim Potter		04/01/2018
Line 3	Ampicillin	250 Mg	#24
Line 4	Take one (1) capsule four (4) times a day		
Line 5	RX 2284593		Dr. T. Berry
Line 6	Refills Remaining: 0		
Line 7	Exp. Date: 04/01/2019		

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

C. When Not To Administer Medication

Do not administer medication if:

- The MAR containing the parent/guardian permission or a readable pharmacy label is missing;
- The child showed a dramatic change in attitude and/or behavior when given the medication before; or
- You have any doubt that you have the right child, right medication, right dosage, right time, or right route. Get assistance from another staff member, if applicable, or call the parent/guardian before giving the medication.

If a child has difficulty taking the medication, such as swallowing a large pill, check with the parent/guardian for administration techniques specific to that child's needs. If you do not administer the medication, immediately notify a parent/guardian, explain why you made this decision, and document it on the MAR.

D. Refusal of Medication

In some instances the child care provider may be unable to administer medication because the child refused the medication. Refusal of medication is not considered a medication error. It should be documented on the MAR as "refused medication" to document the reason the medication was not given. When a child refuses medication, the parent/guardian should be notified immediately.

E. Proper Measuring of Medication

When giving medication, especially liquid, use an accurate measuring device. Use the measuring device provided with the medication. Be accurate, measure liquid medicine at eye level, and never guess at the dose.

Check the markings carefully on the measuring device. Most liquid medication is measured by teaspoon (tsp) or milliliter (mL).

2.5 mL	=	½ teaspoon (tsp. or t.)	
5 mL	=	1 tsp.	
15 mL	=	3 tsp.	= 1 tablespoon (tbl. or Tbsp. or T.)
30 mL	=	2 Tbsp.	= 1 fluid ounce (oz.)

Some of the more common measurements to be aware of include:

2 Tbsp.	=	1 fluid oz.
1 Tbsp.	=	½ fluid oz.
1 tsp.	=	⅓ Tbsp.

Prescription labels are written in a manner that is easy to understand, such as "take one teaspoon every four hours," or "take one capsule daily."

DO NOT USE kitchen tableware instead of an accurate measuring device. An error in measuring liquid medication can result in the wrong dose – either too much or too little of the medication. For example, a large kitchen spoon can hold twice as much liquid as a small kitchen spoon.

MODULE IV: MEDICATION ADMINISTRATION PROCEDURES

A. General Procedures for Medication Administration

1. Before Administering

Before administering any medication to a child, always wash your hands with soap and water. If the child will touch the medication, he/she must also wash his/her hands.

When you give the child a medication, you become responsible for following the “Six Rights” of Medication Administration. They are the following:

- The right medication;
- To the right child;
- At the right time;
- In the right dose;
- By the right route; and
- With the right documentation.

This means you are responsible for the following information:

Responsibilities Before Administering Medication
<ul style="list-style-type: none"> • Know the time the child is to take each medication.
<ul style="list-style-type: none"> • Check the medication label to: <ul style="list-style-type: none"> ○ Make sure you have the right medication to give at the right time; ○ Make yourself familiar with how the child takes the medication (for example, is it a pill? a lotion to be applied? ear drops? etc.); ○ Note any special instructions for using it (for example, “take with milk” or “shake well before using”); and ○ Determine the correct dosage.
<ul style="list-style-type: none"> • Give the right medication to the right child using the proper equipment. (This may include a cup, spoon, drink of water, dropper, etc.).
<ul style="list-style-type: none"> • Measure and administer medication at the right time by the right route. (This may be by mouth, application to skin, in eye or nose, etc.).
<ul style="list-style-type: none"> • Return the closed medication container to the proper storage area that is inaccessible to children.
<ul style="list-style-type: none"> • Document the date and time you gave the medication. Document any medication errors and any adverse effects to the child.

2. The Timing of Dosage

Sometimes a medication label will not state the time to take the medication. The label may simply say, for example, “*Take three times a day.*” To find out the time to give a medication ordered in this manner, ask the parent/guardian with the child took the last dose and when the child should receive the next dose.

4 times a day = 6 hours between doses
3 times a day = At meal times (check the label to see if the medication should be taken before, after, or with the meal)
2 times a day = On waking and at bedtime

3. Field Trips

If a child is attending a field trip during a scheduled medication time, a child care provider with a valid Administration of Medication certificate may administer the medication while on the field trip. Medication should not be removed from the original packaging. The child care provider may request that the parent/guardian send a separate bottle with only the amount required for the day of the field trip. The child care provider must use the Medication Administration Record (MAR) to document that the child was given his/her medication at the time it was given.

A. Specific Procedures of Medication Administration

1. Oral Medication Administration

- Follow the “Six Rights” of Medication Administration.

Oral medications include solids such as tablets and capsules. These should not be crushed without written instruction from the medical professional. Tablets come in the following forms:

- Regular tablets – taken with liquid and swallowed
- Chewable tablets – should be chewed before being swallowed
- Coated tablets – coated so they dissolve in the small intestine and should not be split or crushed
- Sublingual tablets – placed under the tongue and allow to dissolve and be absorbed
- Buccal medication – placed inside the cheek and along the gum line to be dissolved and be absorbed

Oral medication can be liquids such as syrups, elixirs, and suspensions:

- Syrups and elixirs – translucent liquid
- Suspensions – not clear liquids; contain medication that does not dissolve completely and usually requires refrigeration. Shake the bottle for 15 seconds before administering because they can separate.

Oral medications should always be given with four to six ounces of water to allow for easy swallowing.

- Verify the child has swallowed the medication;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

2. Liquid Medication Administration

- Follow the “Six Rights” of Medication Administration;
- Have the container at eye level;
- Hold the bottle so the label is in the palm of the hand, pour the liquid into a marked plastic medication cup or measure using the provided syringe or dropper. Make sure the dosage is accurate;
- Verify the child has swallowed the medication;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

- Observe the child for any adverse medication reactions.
3. Eye Drop or Eye Ointment Administration
 - Follow the “Six Rights” of Medication Administration;
 - Know which eye is to be treated; O.D. = right eye, O.S. = left eye, O.U. = both eyes;
 - Stabilize the child’s head by having the child tilt his/her head backward or lie down;
 - Have the child look upward;
 - Place drops into the eye by gently pulling down the skin beneath the lower eyelid and gently placing the drops into the space between the lower eyelid and the eye. Have the child blink several times. Do not allow the bottle tip to touch the eye or eyelid;
 - Have the child close his/her eyes for a few moments;
 - Dab around the eye with a tissue to remove excess medication;
 - Document that you have administered the medication on the MAR;
 - Put the medication back into the storage area; and
 - Observe the child for any adverse medication reaction.
 4. Ear Drop Administration
 - Follow the “Six Rights” of Medication Administration;
 - Loosen the lid on the medication and squeeze the rubber stopper to fill the dropper;
 - Stabilize the child’s head by tilting it toward the opposite shoulder and turn head to side;
 - Gently pull the top of the ear (cartilage) back and up and hold;
 - Place the prescribed number of drops into ear canal without touching the dropper to the ear;
 - Have the child remain in the same position for a few minutes to avoid leakage;
 - Document that you have administered the medication on the MAR;
 - Put the medication back into the storage area; and
 - Observe the child for any adverse medication reactions.
 5. Topical Ointment or Cream Administration
 - Follow the “Six Rights” of Medication Administration;
 - Put on gloves;
 - Loosen cap on medication and squeeze recommended amount onto a cotton applicator (Q-Tip);
 - Apply the ointment directly to the area;
 - Cover area if indicated;
 - Remove gloves;
 - Document that you have administered the medication on the MAR;
 - Put the medication back into the storage area; and
 - Observe the child for any adverse medication reactions.
 6. Nasal Spray Administration
 - Follow the “Six Rights” of Medication Administration;
 - Have the child blow his/her nose;

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

- Have the child block one nostril with a finger;
- Insert the nozzle of the medication into the other nostril;
- Aim so that the spray is directed upward and toward the center of the nostril;
- Instruct the child to exhale;
- Squeeze the medication quickly and firmly, then have the child inhale;
- Repeat if required for the other nostril;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

7. Metered Dose Inhaler Administration

- Follow the “Six Rights” of Medication Administration;
- Shake the inhaler several times;
- Check that the canister is firmly positioned in the plastic holder;
- Have the child slightly tilt his/her head backward;
- Have the child breath out completely;
- Have the child place the mouthpiece between the teeth and close lips around it;
- Squeeze inhaler to discharge the medicine and have the child begin to inhale immediately;
- Instruct child to breathe in slowly and deeply for 3-5 seconds. Once inhaled, have child remove inhaler from mouth, have child hold his/her breath for 5-10 seconds then exhale;
- Rest for a minute, then repeat this sequence for the number of prescribed puffs;
- Document that you have administered the medication on the MAR;
- Put the medication back into the storage area; and
- Observe the child for any adverse medication reactions.

B. Medication Techniques for Infants/Toddlers

Assisting with medications in very young children may be difficult and will require special methods. You may use the following techniques to help give infants medication:

- Young Infant: Place the measured medication in an empty nipple and allow the infant to suck it out.
- Older Infant: Place the medication in a small cup or measuring spoon. Hold the infant firmly; hold the infant’s hands so the infant does not push the medication out of your hand. Gently pour the medication into the child’s mouth.

Never put the medication in a bottle. There is no way to be certain the child will take all the medication and there is always the danger the child will refuse to drink this and other fluids.

- Toddler (1-3 years): Never ask if the toddler wants to take medication now. You may get a “no” response and if you proceed to give the medication anyway, you will lose the toddler’s trust. If the child is unable to handle a cup well, use the same process as with the older infant. If the child can handle a cup easily, pour the medication into a small cup, and allow the child to drink the medication with supervision. Pills used for this age group are usually in chewable form. Stay with the child to make sure the child chewed and swallowed the pill.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE
MODULE V: MEDICATION ADMINISTRATION RECORD (MAR) DOCUMENTATION, MEDICATION ERRORS, AND AVOIDING MEDICATION ERRORS

A. Documentation on the Medication Administration Record (MAR)

When you give a child medication, it is necessary to document the time and dosage. This is especially important if you share the responsibility of giving medication with another person in your facility, if more than one child is receiving medication, or if someone other than yourself is sharing medication information with parents/guardians at the end of the day. Additionally, it is essential in terms of your liability, to keep records of medication you have administered. You are required to keep this information on a MAR.

The MAR is a legal document that shows the medication that someone administered. There are two types of MARs. One record is for medications that are used routinely or for a limited time. The other one is for medications that are given as needed or used for emergencies.

The record should include the following documentation:

Documentation Required on the MAR
<ul style="list-style-type: none">• The medication name, dosage, route, reason, date to start medication, date to end medication (if known), and special instructions for each medication the child is to take during the day;
<ul style="list-style-type: none">• The child's name and date of birth;
<ul style="list-style-type: none">• The date and time the medication was administered;
<ul style="list-style-type: none">• The initials and name of the person who administered the medication;
<ul style="list-style-type: none">• If the child refused to take the medication;
<ul style="list-style-type: none">• Any change that is different from the child's normal condition; and
<ul style="list-style-type: none">• If a medication error occurred:<ul style="list-style-type: none">○ Document the error in the medication error section; and○ Write your initials and circle them in the space where you should have documented the medication administration.

Do:

- Give your full attention to the task;
- Check the name of the child and date of birth on the MAR;
- Prepare medication for only one child at a time;
- Remain with the child until you are sure the medication has been taken; and
- Record giving the medication on the MAR neatly and accurately; use non-erasable ink (black preferred).

Do not:

- Use pencils;
- Erase entries;
- Use white-out;
- Scribble out entries;
- Leave blank spaces; or
- Destroy or alter any part of the MAR.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

EXAMPLE OF COMPLETED MAR USING A PRESCRIPTION LABEL

VALUE PHARMACY

PH (800)555-5555 Doctor's Name

DR D. INTERCOM

NO 0060023-08291 DATE 1/19/18

Child's Name: JOHN SMITH
123 MAIN STREET ANYTOWN, US 11111

Drug Name & Dosage Capsules = oral

AMOXICILLIN 500MG CAPSULES

QTY 30 MFG TEVA
NO REFILLS - DR. AUTHORIZATION REQUIRED

USE BEFORE 3/19/18 SLF/SLF

TAKE ONE CAPSULE BY MOUTH THREE TIMES DAILY FOR 10 DAYS UNTIL ALL TAKEN

Times per day
3 times a day = at meal times

MEDICATION ADMINISTRATION RECORD (MAR) (FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD'S NAME: John Smith DOB: 1/22/13 ALLERGIES: Eggs

PARENT'S/GUARDIAN'S NAME: Mary Smith DOCTOR: D. Intercom TELEPHONE: (302) 123-4567

MONTH AND YEAR: January, 2019

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATION NAME: <u>Amoxicillin</u>	<u>8:30</u>																						IL	PI	IL	PI	IL					
DOSAGE: <u>500 MG</u>	<u>12:30</u>																						PI	PI	IL	IL	PI					
ROUTE: <u>Oral</u>																																
REASON: <u>Ear Infection</u>																																
START DATE: <u>1/22/19</u>																																
END DATE: <u>1/29/19</u>																																
SPECIAL INSTRUCTIONS: <u>Give with food</u>																																

I, Mary Smith, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Mary Smith 1/23/19
Signature Date

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN WAS INFORMED OF ERRORS OR ADVERSE EFFECTS
<u>1/23/2019</u>	<u>12:30 p.m.</u>	<u>John received medication at 12:45 p.m. because he was not ready to eat and the medication requires being taken with food.</u>	<u>Mom was called at 12:46 p.m. and notified</u>

NAME OF PERSON ADMINISTERING	INITIALS	ROUTE OF ADMINISTRATION; SELECT ONE
<u>Patty Jones</u>	<u>PI</u>	ORAL (BY MOUTH)
<u>Ian Long</u>	<u>IL</u>	EYE DROPS (OPTIC)
		NOSE DROPS/SPRAY (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)
		INHALATION (NEBULIZER)
		INJECTION (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
		RECTAL

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

EXAMPLE USING THE MAR FOR A MEDICATION FOR USE AS NEEDED

MEDICATION ADMINISTRATION RECORD (MAR) (FOR MEDICATIONS GIVEN AS NEEDED OR FOR EMERGENCY USE)

CHILD'S NAME: John Smith DOB: 1/22/13 ALLERGIES: Eggs
PARENT'S/GUARDIAN'S NAME: Mary Smith DOCTOR: D. Intercom TELEPHONE: (302) 123-4567

MEDICATION INFO	TIME:	DATE:	NAME OF PERSON ADMINISTERING:	ROUTE OF ADMINISTRATION; SELECT ONE
MEDICATION NAME: <u>Benadryl</u>	<u>3:00 p.m.</u>	<u>5/17/18</u>	<u>Shelly Smith</u>	ORAL (BY MOUTH)
Anti-Itch Gel				EYE DROPS (OPTIC)
DOSAGE: <u>Enough to cover area</u>				NOSE DROPS/SPRAY (NASAL)
ROUTE: <u>Topical</u>				EAR DROPS (OTIC)
REASON: <u>Itchy skin</u>				TOPICAL (ON SKIN)
START DATE: <u>4/16/18</u>				INHALATION (NEBULIZER)
SPECIAL INSTRUCTIONS: <u>For reaction to bug bites</u>				INJECTION (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
				RECTAL
				<i>Dates and times of sunscreen, diaper cream, and insect repellent applications do not need to be documented. However, all other information <u>and parent permission for these medications are required on the MAR.</u></i>

I, Mary Smith, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Mary Smith 4/16/18
Signature Date

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

OTC medications are widely used and can range from acetaminophen such as Tylenol® to sunscreen. OTC medications should be documented and safely stored the same as prescription medications.

Exceptions to this rule are sunscreens, diaper rash creams, insect repellants, and medicated powders. Parent's/Guardian's permission is required on a MAR; however, you do not need to document on the MAR each time you apply these topical ointments/creams/powders.

The MAR for routinely used medications is located in Appendix II. The MAR for medications used as needed or for emergencies is located in Appendix III.

B. Medication Errors

Preventing errors begins with good communication about medication use between the child's family and staff both at drop-off and pick-up. More importantly, clear communication between staff members is critical whenever supervision of a child requiring medication administration transfers from one staff member to another. Both verbal and written communication help prevent errors in medication administration. The first dose of any new medication should be given at home. A medication error occurs when you violate any of the "Six Rights" of Medication Administration. A medication error has occurred if:

- The child took the wrong medication;
- The child took the wrong dose;
- The child took the medication at the wrong time or the medication was not taken at all;
- The medication was taken by the wrong route;
- The medication was given to the wrong child; or
- The medication was given without documenting it.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

If a medication error occurs, you must:

- Call 9-1-1, if the child's health is in jeopardy;
- **Immediately call** the child's parent/guardian. Tell the parent/guardian:

WHAT	<i>What type of error was made</i>
WHEN	<i>When the error occurred</i>

- **If you cannot reach the parent/guardian**, call the prescribing health care provider or the Poison Control Center and provide them with the name and dosage of the medication taken in error, the child's age and approximate weight, and the name and dosage of any other medication that the child receives;
- Follow the instructions of the health care provider or Poison Control Center to determine if the child requires emergency care;
- Keep the child in the area designated for sick children;
- Observe the child and document any adverse reactions or concerns;
- Notify the administrator or owner of the child care program, if applicable;
- Report all medication errors that result in the child needing medical attention to OCCL within one business day by calling and speaking to someone. Avoiding or choosing not to report and document errors could lead to a serious injury or death of a child and violates DELACARE Regulations and your ethical responsibilities when giving medication; and
- Complete an incident form that includes all actions taken after the medication error. Send a copy of this form to OCCL within three business days (See Appendix I).

C. Avoiding Medication Errors

In addition to the "Six Rights" of Medication Administration, there are some additional safeguards to help reduce medication risks.

Always check the medication label when:

- Removing the medication from storage; and
- Removing the medication from its container.

Do:

- Give your full attention to the task;
- Remain with the child until you are sure the child took the entire medication; and
- Prepare and administer medication to only one child at a time.

Do not:

- Administer medication prepared by another person;
- Take medication from a container that has an unreadable label; and
- Try to hide a medication error.

It is very important to check the medication label many times during the above process to ensure you follow the "Six Rights" of Medication Administration.

MODULE VI: MEDICATION EFFECTS

A. Three Basic Effects of Major Medication Groups

For each child's protection and safety, it is important for you to notice the effect the medication has on the child. You can find the length of time between taking a medication and its onset of action by using a medication handbook or asking the pharmacist. Each medication has a different time for onset of action. Always look for the onset of action and take the time to notice the effect of the medication.

A medication, when taken, can have three basic effects:

- No effect;
- Desired effect; or
- Undesired effect.

Examples:

- A person may be taking cough syrup for a cough, yet after a half-hour, there is no improvement in the cough. This is an example of a medication having no effect.
- A person may take two Tylenol® for a headache and within the hour, the headache is gone. This is an example of a medication having a desired effect.
- A person may be taking penicillin for a strep throat. An hour after taking the medication, the person may notice a very itchy rash developing. This is an example of a medication having an undesired effect.

In order to determine what effect the medication is having on a child, you must first be familiar with the desired effect of the medication.

Medication for children may be divided into five basic groups. Each group of medications has a different effect on the child:

- Heart medications – are used to slow down or change the heart's function and may cause palpitations, headache, or upset stomach. (Example: Digoxin®)
- Anticonvulsants – are used for seizure disorders and may cause drowsiness. (Example: Phenobarbital®)
- Antibiotics – are used to fight infection and may cause allergic reactions. (Example: amoxicillin or penicillin)
- Analgesics – are used to reduce fever or pain and may cause upset stomach. (Example: ibuprofen such as Advil® or Motrin® or acetaminophen such as Tylenol®)
- Mood-changing medicines – may cause drowsiness or over activity. (Example: Valium® or Ritalin®)

B. The Adverse Effects of Medication

The child in question has a sore throat and has already missed one day in care because of this. He is now taking penicillin – 1 teaspoon, four times a day. About 15 minutes after his noon dose, you notice him scratching. A rash has developed on his face, neck, and arms. It is getting harder for him to breathe. How would you react?

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

This is an example of an extreme medication reaction. Many times, seemingly harmless medications have an adverse reaction in sensitive people.

ALWAYS take the time to notice the effect of the medication the child has taken.

When a reaction is severe enough to threaten the child's life, as in the above example where it has affected breathing, call for help by dialing 9-1-1. After calling for help, notify the child's parent/guardian.

How do you respond when you notice a child is having an adverse reaction to a medication?

1. STOP giving the medication.
2. CALL and inform the parent/guardian of the child's reaction.
3. If he/she is unavailable, call the prescribing health care provider, and the child's emergency contact.

How do you know if what you are seeing is a medication reaction?

KNOW about the medication before you give the medication to the child. It is important to be familiar with any medication that is being administered. Find the medication information by checking the package inserts that come with the medication, calling your local pharmacist, or checking the official medication company's website. Read the medication information to know what adverse reaction symptoms to look for.

The adverse effect of medications can also be found in a current medication handbook. These handbooks are updated on an annual basis and contain the most current information on newly developed medications to include recommended dosages; what diagnosis or symptom the medication treats; how the medication is absorbed; and most importantly the potential side effects/adverse effects of the medication. Medication information is also available online at the:

National Institute of Health's website Medline Plus:
<http://nlm.nih.gov/medlineplus/druginformation.html>

If you are unsure if what you are seeing is an adverse reaction, call the prescribing health care provider or local pharmacy for help.

MODULE VII: EMERGENCY-USE MEDICATIONS

A. Administering Diastat® for Seizures

You may administer emergency medications through a child's rectum. A common medication that is administered rectally is Diazepam (Diastat®). You must know how to administer this medication BEFORE a child needs it. You must have a parent/guardian train you on administration of these medications.

- Diastat® is an emergency medication inserted rectally for seizure control. The parent/guardian must provide written instructions and training to the child care provider stating the conditions under which the medication should be given, how to give the medication, and follow-up requirements. **If you administer Diastat®, you must administer the medication first, and then immediately call 9-1-1 and notify the child's parent/guardian that the medication was given. If someone else is present, while you administer the medication, have him or her call 9-1-1 immediately and then call the child's parent/guardian.**

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

Epilepsy is a neurological disorder that causes a child to have recurrent seizures. Seizures are caused by a brief disruption in the brain's electrical activity resulting in altered or loss of awareness, shaking, convulsing, confusion, or sensory experiences. Seizures may last for a few seconds to a

few minutes. Most seizures are not medical emergencies. There are several kinds of seizures. Discuss the child's type of seizures with the parent/guardian.

Common types of seizures include:

- Generalized Tonic Clonic (Grand Mal) – convulsions, muscle rigidity, jerking;
- Absence (Petit Mal) – blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions;
- Complex Partial (Psychomotor/Temporal Lobe) – random activity where the child is out of touch with his/her surroundings;
- Simple Partial – jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers;
- Atonic (Drop Attacks) – sudden collapse with recovery within a minute; and
- Myoclonic – sudden, brief, massive jerks involving all or part of the body.

Time the seizure from beginning to end. During the seizure, turn the child to one side, clear the area surrounding the child, and make sure the child's airway is open. Do not place an object into the child's mouth. Do not attempt to restrain or hold down the child. **It is important for children who receive seizure medication to have a written Seizure Emergency Action Plan of Care that outlines when emergency medication should be given. The expiration date of the Diastat® should be checked monthly and the parent/guardian notified prior to the expiration date.**

A seizure is generally considered an emergency under the following conditions:

- Convulsive (Tonic-Clonic) seizure lasts longer than five minutes;
- The child has repeated seizures without regaining consciousness;
- The child is injured or has diabetes;
- The child has a first-time seizure; or
- The child has difficulty breathing.

How to Administer Diastat® AcuDial (Diazepam rectal gel)

Important: Check the required dose when receiving Diastat® from a parent/guardian

- Diastat® AcuDial™ has a unique locking mechanism that ensures that the child receives the correct dose. ALWAYS make sure the green “READY” is visible. If you do not see the green “READY” band, the medication is not properly locked in. **Do not accept the prescription** and have the parent/guardian contact the pharmacist and return the Diastat® to the pharmacy immediately. **Do not administer Diastat® that does not have the correct dose properly locked in. If you are required to use Diastat®, you inject the medication into the rectum and then immediately call 9-1-1 for assistance and contact the parent/guardian. If someone else is present, while you administer the medication, have him or her call 9-1-1 immediately and then call the child's parent/guardian.**

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

Administration Procedures

- If you are alone, follow these steps and then immediately call 9-1-1 and the child's parent/guardian. If someone else is present, have him or her contact 9-1-1 and the child's parent/guardian;
- Turn child on side where he/she can't fall;
- Put on gloves;
- Remove medication (syringe) from container; (Note: seal pin is attached to the cap)
- Push up with thumb and pull to remove protective cap from syringe tip (Be sure seal pin is removed with the cap);
- Lubricate rectal area with lubricating jelly from kit;
- Turn child on side facing you and lower clothing;
- Bend upper leg forward to expose rectum;
- Separate buttocks to expose rectum;
- Gently insert lubricated syringe tip into rectum (Rim of syringe should be against rectal opening);
- Slowly count to three while gently pushing plunger until it stops;
- Slowly count to three before removing syringe from rectum;
- Slowly count to three while holding buttocks together to prevent leakage;
- Keep child on his/her side, note the time Diastat® was given, continue to observe until emergency medical services (EMS) arrive;
- Give EMS the used Diastat® syringe (Note: recap the syringe); and
- Document the administration of Diastat® on the child's MAR.

B. Administering an EpiPen® for Anaphylaxis

In an emergency situation you may administer an EpiPen®.

- An EpiPen® is a medical device that serves as an auto-injector for epinephrine. Health care providers often prescribe an EpiPen® to children who have survived a life-threatening allergic reaction. If a child in your care has an EpiPen®, you should become familiar with the instructions on the kit in case the child is exposed to a specific allergen. **If you are required to use the EpiPen®, you inject the medication and then immediately call 9-1-1 for assistance and contact parents/guardians. If someone else is present, while you administer the medication, have him or her call 9-1-1 immediately and then call the child's parent/guardian.**
- Even if the EpiPen® has been effective, transport the child to an emergency room for evaluation and treatment.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

Symptoms of anaphylaxis include:

- Itching and/or hives, particularly in the mouth or throat;
- Swelling of the throat, lips, tongue, and/or eye area;
- Difficulty breathing, swallowing, or speaking;
- Increased heart rate and/or sense of impending doom;
- Abdominal cramps, nausea, vomiting, and/or diarrhea; and
- Weakness, collapse, paleness, lightheadedness, or loss of consciousness.

It is important for children with severe allergies who are at risk of anaphylaxis to have a written Allergy or Anaphylaxis Emergency Action Plan of Care that outlines when medication should be given. The expiration date of the EpiPen® should be checked monthly and the parent/guardian notified prior to the expiration date. An EpiPen® should be stored at room temperature in a dark area.

How to Administer an EpiPen®

- If you are alone, follow these steps and then immediately call 9-1-1 and the child's parent/guardian. If someone else is present, have him or her contact 9-1-1 and the child's parent/guardian;
- Flip open cap at top of tube;
- Remove EpiPen® from carrier tube and remove the blue safety release;
- Form a fist around the unit with orange tip pointing downward;
- Swing and firmly push orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing);
- **Hold in place for 10 seconds.** The injection is now complete;
- Remove pen from thigh and massage injection site for 10 seconds;
- Place used auto-injector into carrier tube and give to emergency medical services (EMS) when they arrive; and
- Document administration of EpiPen® on MAR.

Note: Always refer to the package insert for additional information on administration.

C. Diabetes Maintenance and Administering Glucagon®

It is important for children who receive insulin for treatment of diabetes to have a written Emergency Diabetes Action Plan of Care completed and signed by the parent/guardian and the health care provider. This plan is in addition to the Medication Administration Record (MAR) and outlines how glucose is monitored, when medication should be given, and includes additional information related to the specific care required for the child. When a child with diabetes will be taken off site for a field trip, for example, child care staff must bring necessary supplies, medications, and snacks as described in the child's Diabetes Action Plan of Care.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

1. Glucose Monitoring

Child care providers are permitted to provide glucose monitoring to children with diabetes by piercing the skin with a lancet (typically on the finger) to draw blood, then applying the blood to a chemically active disposable “test-strip.” Lancets must be disposed of according to biohazard regulations or collected in a hard-plastic container and returned to the parent/guardian for disposal. Before lancets are used to monitor glucose at the child care facility, the child care providers must be trained by a qualified instructor which can include parents/guardians.

Continuous Glucose Monitors (CGMS) provide real-time glucose data on a visual display in five-minute intervals for earlier identification of low glucose. CGMS alarms alert the user when glucose levels are above or below a pre-programmed target range. Child care providers should be prepared to respond and provide assistance. Before the CGMS is used at the child care facility, the child care providers must be trained to use the CGMS by a qualified instructor which can include parents/guardians. If the monitor is not properly attached to the child’s skin, immediately call the parent/guardian.

2. Insulin Pump

An insulin pump is a device that allows the user to enter required information to make sure the child is receiving the proper amount of insulin. Before the insulin pump is used at the child care facility, the child care providers must be trained to use the insulin pump by a qualified instructor which can include parents/guardians. If the pump’s catheter comes out of the child’s skin, immediately call the parent/guardian. Child care providers may not insert catheters.

3. Insulin Injections

Child care providers may administer insulin injections to children with diabetes if the provider has a valid Administration of Medication certificate and the additional training specified by the child’s health care provider that explains how to properly administer insulin injections. Child care providers must keep this documentation with the MAR. Information regarding insulin dosages will be provided by the child’s health care provider and must be appropriate to the child’s Diabetes Action Plan of Care.

4. Glucagon®

Glucagon® is an emergency medication used to treat severe low blood sugar (hypoglycemia) by increasing blood glucose levels. Due to its emergency nature, it may be given by injection by a child care provider. The parent/guardian must provide written instructions and training to the provider stating the conditions under which the medication should be given, how to give the medication, and any follow-up requirements. If you administer Glucagon, you must notify the child’s parent/guardian immediately that the medication was given.

Hypoglycemia may result from:

- Too much insulin;
- Insulin was administered without eating;
- Too little food consumed;
- A delay in receiving a snack/meal;
- Increased physical activity; or
- Illness.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

How to Administer Glucagon® for Hypoglycemia

- If you are alone, follow these steps and then immediately call 9-1-1 and the child's parent/guardian. If someone else is present, have him or her contact 9-1-1 and the child's parent/guardian;
- Put on gloves;
- Open kit;
- Remove flip top seal from vial;
- Remove needle protector from syringe;
- Slowly inject all sterile water from syringe into vial of Glucagon® (leave needle in vial if possible);
- Gently shake or roll the vial to mix until solution is clear. (May leave syringe in vial);
- Withdraw amount of Glucagon® prescribed from vial back into syringe;
- Inject straight (90° angle) into
 - arm (upper)
 - leg (thigh)
 - or buttocks(as directed in the physician's instructions;
may inject through clothing if necessary);
- Slowly inject Glucagon® into site;
- Withdraw needle, apply light pressure at injection site;
- Turn child onto side, child may vomit;
- Place used needle back in kit and close lid (do not recap);
- Give used kit to EMS personnel; and
- Document administration of Glucagon® on MAR.

MODULE VIII: STORAGE AND DISPOSAL OF MEDICATION

A. Storage of Medication

For your safety and the safety of the children in your care, use the following guidelines to store medications:

- Medications are to be in their original, labeled container.
- For prescription medications, the label must include the child's name, the date the prescription was issued, and the prescribed dose.

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

- All medications are to be stored securely out of children's reach.
- All medications stored in a refrigerator are to be kept in a separate container, preferably a locked one.
- All medications must be stored under proper conditions of sanitation, temperature, light, and moisture.

It is strongly recommended that the key to the medicine cabinet be kept either in one specific location or with the person who is responsible for administering medication. Medications are not required to be in a locked cabinet but must be inaccessible to children.

Medications are always labeled with specific written instructions regarding special storage requirements. Always read the label carefully. Some medications require refrigeration between uses.

B. Disposal of Medication

When a prescription is no longer needed, out-of-date, or if medications are left after a child leaves care, the medications should be returned to the parent/guardian or disposed of in a safe manner, such as using a medication collection site.

APPENDIX I

SAMPLE Medication Administration Error Report Form

Child's Name: _____

Child Care Provider's Name: _____

Date and Time of Error: _____

Name of Person Administering Medication: _____

Name of Medication: _____ Dosage: _____ Route: _____

Time(s) to be Given: _____

Circle all that apply to this medication error:

Wrong Child

Wrong Time

Wrong Dose

Wrong Route

Wrong Medication

Wrong Documentation

Describe the error (Should be completed by the person making the error. If wrong medication given, include the name and dosage and what was given):

Action Taken/Intervention: _____

Person Notified at Time of Error: _____

Administrator Signature: _____ Date and Time of Notification: _____

Parent/Guardian Notified: Yes No Attempted Date and Time of Notification: _____

Child's Health Care Provider Notified: Yes/No Date/Time of Notification: _____

Name of Person Completing Error Report: _____

Signature of Person Completing Error Report: _____

Today's Date: _____

Follow-Up Care/Information (if applicable): _____

APPENDIX II

MEDICATION ADMINISTRATION RECORD (MAR) INSTRUCTIONS

After each MAR is completed, keep it in the child's file. Centers may use a central administration of medication log, if preferred.

MEDICATION LOG INSTRUCTIONS	
CHILD'S NAME	Clearly print the child's first and last names.
DATE OF BIRTH	
ALLERGIES	List allergies.
PARENT'S/GUARDIAN'S NAME	
DOCTOR'S NAME & PHONE	For quick reference to gather further information
MEDICATION NAME	Name of medication
DOSAGE	Amount of medication to be given, i.e., 1 teaspoon
ROUTE	Route of administration; how will it be administered?
REASON	Why medication is needed, i.e., ear infection
START DATE	Date medication is to begin
END DATE	Date medication is to end
SPECIAL DIRECTIONS	Such as take before eating
TIME	List the time of day medication is to be given
The numbers across the top are the days of the month. The parent/guardian must sign and date the permission statement after you or the parent/guardian fills out the information section on a specific medication. Place your initials in the appropriate box according to the time and date you give each dose.	
DATE, TIME, COMMENTS/ MEDICATION ERRORS/ADVERSE EFFECTS	Space to document reactions to the medication, date, time, your response, any medication errors, and your attempts to notify the parent/guardian
NAME OF PERSON ADMINISTERING	Identifies the full name of the person(s) whose initials appear

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

APPENDIX II

MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

CHILD’S NAME: _____ DOB: _____ ALLERGIES: _____

PARENT’S/GUARDIAN’S NAME: _____ DOCTOR: _____ TELEPHONE: _____

MONTH AND YEAR: _____

MEDICATION INFO	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATION NAME:																																
DOSAGE:																																
ROUTE:																																
REASON:																																
START DATE:																																
END DATE:																																
SPECIAL INSTRUCTIONS:																																

I, _____, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature _____

Date _____

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS

NAME OF PERSON ADMINISTERING	INITIALS	ROUTE OF ADMINISTRATION; SELECT ONE
		ORAL (BY MOUTH)
		EYE DROPS (OPTIC)
		NOSE DROPS/SPRAY (NASAL)
		EAR DROPS (OTIC)
		TOPICAL (ON SKIN)
		INHALATION (NEBULIZER)
		INJECTON (SYRINGE, PEN, OR ELECTRONIC INFUSION DEVICE)
		RECTAL

APPENDIX VI: ADMINISTRATION OF MEDICATION SELF-TRAINING GUIDE

APPENDIX III

MEDICATION ADMINISTRATION RECORD (MAR)
(FOR MEDICATIONS GIVEN AS NEEDED OR FOR EMERGENCY USE)

CHILD’S NAME: _____ DOB: _____ ALLERGIES: _____
PARENT’S/GUARDIAN’S NAME: _____ DOCTOR: _____ TELEPHONE: _____

MEDICATION INFO	TIME:	DATE:	NAME OF PERSON ADMINISTERING:	ROUTE OF ADMINISTRATION; SELECT ONE
MEDICATION NAME:				ORAL (BY MOUTH)
DOSAGE:				EYE DROPS (OPTIC)
ROUTE:				NOSE DROPS/SPRAY (NASAL)
REASON:				EAR DROPS (OTIC)
START DATE:				TOPICAL (ON SKIN)
SPECIAL INSTRUCTIONS:				INHALATION (NEBULIZER)
				INJECTION (SYRINGE, PEN, OR
				ELECTRONIC INFUSION DEVICE)
				RECTAL
				<i>Dates and times of sunscreen, diaper cream, and insect repellent applications do not need to be documented. However, all other information <u>and parent permission</u> for these medications are required on the MAR.</i>

I, _____, the parent/guardian of the above listed child, give permission for the above medication to be administered.

Signature _____ Date _____

DATE:	TIME:	COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	DATE AND TIME PARENT/GUARDIAN INFORMED OF ERRORS OR ADVERSE EFFECTS